

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name OPRD Cove Park - Deschutes

PWS ID# 41 91036

Month/Year Jan/2021

Entry Point:

Required Minimum Residual .5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1PM	AA-Well#1	0.57	Taken at shop
2	4PM	AA-Well#1	0.54	Taken at shop
3	9AM	AA-Well#1	1.54	Taken at shop
4	9AM	AA-Well#1	1.41	Taken at shop
5	9AM	AA-Well#1	1.41	Taken at shop
6	9AM	AA-Well#1	1.19	Taken at shop
7	9AM	AA-Well#1	1.14	Taken at shop
8	9AM	AA-Well#1	1.12	Taken at shop
9	12PM	AA-Well#1	1.10	Taken at shop
10	10AM	AA-Well#1	1.06	Taken at shop
11	9AM	AA-Well#1	1.06	Taken at shop
12	11AM	AA-Well#1	0.96	Taken at shop
13	9AM	AA-Well#1	0.92	Taken at shop
14	10AM	AA-Well#1	0.95	Taken at shop
15	9AM	AA-Well#1	0.93	Taken at shop
16	10AM	AA-Well#1	0.91	Taken at shop
17	9AM	AA-Well#1	0.92	Taken at shop
18	9AM	AA-Well#1	0.91	Taken at shop
19	10AM	AA-Well#1	0.89	Taken at shop
20	10AM	AA-Well#1	0.74	Taken at shop
21	3PM	AA-Well#1	0.85	Taken at shop
22	5PM	AA-Well#1	0.89	Taken at shop
23	10AM	AA-Well#1	0.86	Taken at shop
24	9AM	AA-Well#1	0.83	Taken at shop
25	9AM	AA-Well#1	0.80	Taken at shop
26	10AM	AA-Well#1	0.81	Taken at shop
27	12PM	AA-Well#1	0.78	Taken at shop
28	1PM	AA-Well#1	0.78	Taken at shop
29	11AM	AA-Well#1	0.76	Taken at shop
30	9AM	AA-Well#1	0.78	Taken at shop
31	12PM	AA-Well#1	0.60	Taken at shop

Was the chlorine residual ever less than the required minimum residual of 0.5 mg/L?  Yes  No

If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

*Attach those results and submit them with this form.*

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

*Attach grab sample results and submit them with this form.*

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Shawnae Stanton

Title: Park Specialist

Operator Certification #:

Signature: 

Phone #: (541) 546-3412

OR

Date: 02/01/2021

Small Groundwater System X

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**