

**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 Feb/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	10AM	AA-Well#1	0.75	Taken at shop
2	9AM	AA-Well#1	0.72	Taken at shop
3	9AM	AA-Well#1	0.79	Taken at shop
4	11AM	AA-Well#1	0.75	Taken at shop
5	1PM	AA-Well#1	0.71	Taken at shop
6	11AM	AA-Well#1	0.71	Taken at shop
7	10AM	AA-Well#1	0.76	Taken at shop
8	11AM	AA-Well#1	0.71	Taken at shop
9	9AM	AA-Well#1	0.70	Taken at shop
10	12PM	AA-Well#1	0.66	Taken at shop
11	10AM	AA-Well#1	0.71	Taken at shop
12	2PM	AA-Well#1	0.71	Taken at shop
13	1PM	AA-Well#1	0.70	Taken at shop
14	12PM	AA-Well#1	0.64	Taken at shop
15	10AM	AA-Well#1	0.58	Taken at shop
16	9AM	AA-Well#1	0.54	Taken at shop
17	12PM	AA-Well#1	0.75	Taken at shop
18	11AM	AA-Well#1	0.73	Taken at shop
19	11AM	AA-Well#1	0.71	Taken at shop
20	9AM	AA-Well#1	0.81	Taken at shop
21	9AM	AA-Well#1	0.61	Taken at shop
22	10AM	AA-Well#1	0.65	Taken at shop
23	11AM	AA-Well#1	0.68	Taken at shop
24	11AM	AA-Well#1	0.63	Taken at shop
25	10AM	AA-Well#1	0.68	Taken at shop
26	2PM	AA-Well#1	0.62	Taken at shop
27	9AM	AA-Well#1	0.61	Taken at shop
28	10AM	AA-Well#1	0.59	Taken at shop
29		AA-Well#1		Taken at shop
30		AA-Well#1		Taken at shop
31		AA-Well#1		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: 03/01/2021

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.**