

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

System Name OPRD Cove Park - Deschutes

PWS ID# 4 1 91036

Month/Year March/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	4PM	AA-Well#1	0.88	Taken at shop
2	8AM	AA-Well#1	0.85	Taken at shop
3	9AM	AA-Well#1	0.83	Taken at shop
4	10AM	AA-Well#1	0.85	Taken at shop
5	10AM	AA-Well#1	0.63	Taken at shop
6	11AM	AA-Well#1	0.68	Taken at shop
7	9AM	AA-Well#1	0.65	Taken at shop
8	10AM	AA-Well#1	0.59	Taken at shop
9	9AM	AA-Well#1	0.81	Taken at shop
10	12PM	AA-Well#1	0.82	Taken at shop
11	10AM	AA-Well#1	0.90	Taken at shop
12	3PM	AA-Well#1	0.72	Taken at shop
13	10AM	AA-Well#1	0.81	Taken at shop
14	9AM	AA-Well#1	0.69	Taken at shop
15	9AM	AA-Well#1	0.70	Taken at shop
16	10AM	AA-Well#1	0.70	Taken at shop
17	9AM	AA-Well#1	0.76	Taken at shop
18	1PM	AA-Well#1	0.69	Taken at shop
19	3PM	AA-Well#1	0.69	Taken at shop
20	9AM	AA-Well#1	0.52	Taken at shop
21	10AM	AA-Well#1	0.70	Taken at shop
22	9AM	AA-Well#1	0.70	Taken at shop
23	5PM	AA-Well#1	0.73	Taken at shop
24	4PM	AA-Well#1	0.66	Taken at shop
25	2PM	AA-Well#1	0.68	Taken at shop
26	5PM	AA-Well#1	0.66	Taken at shop
27	8AM	AA-Well#1	0.62	Taken at shop
28	9AM	AA-Well#1	0.65	Taken at shop
29	9AM	AA-Well#1	0.51	Taken at shop
30	11AM	AA-Well#1	0.79	Taken at shop
31	2PM	AA-Well#1	0.77	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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: ____ / ____ / ____</p> <p>Date it was returned to service: ____ / ____ / ____</p>
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Printed Name: Shawnae Stanton Title: Park Specialist
 Signature:  Phone #: (541) 546-3412
 Date: 03/31/2021

Operator Certification #:
 OR
 Small Groundwater System X

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.