

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

System Name OPRD Cove Park - Deschutes

PWS ID# 4 1 91036

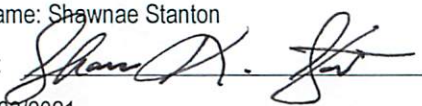
Month/Year April 2021 Entry Point:

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	9AM	AA-Well#1	0.73	Taken at shop
2	8AM	AA-Well#1	0.69	Taken at shop
3	8AM	AA-Well#1	0.69	Taken at shop
4	9AM	AA-Well#1	0.61	Taken at shop
5	7AM	AA-Well#1	0.58	Taken at shop
6	7AM	AA-Well#1	0.59	Taken at shop
7	7AM	AA-Well#1	0.64	Taken at shop
8	8AM	AA-Well#1	0.60	Taken at shop
9	5PM	AA-Well#1	0.67	Taken at shop
10	4PM	AA-Well#1	0.64	Taken at shop
11	9AM	AA-Well#1	0.64	Taken at shop
12	7AM	AA-Well#1	0.68	Taken at shop
13	8AM	AA-Well#1	0.67	Taken at shop
14	8AM	AA-Well#1	0.74	Taken at shop
15	8AM	AA-Well#1	0.99	Taken at shop
16	7AM	AA-Well#1	0.83	Taken at shop
17	7AM	AA-Well#1	0.81	Taken at shop
18	7AM	AA-Well#1	0.73	Taken at shop
19	8AM	AA-Well#1	0.71	Taken at shop
20	8AM	AA-Well#1	0.74	Taken at shop
21	8AM	AA-Well#1	0.76	Taken at shop
22	8AM	AA-Well#1	0.91	Taken at shop
23	8AM	AA-Well#1	0.81	Taken at shop
24	7AM	AA-Well#1	0.78	Taken at shop
25	11AM	AA-Well#1	0.71	Taken at shop
26	8AM	AA-Well#1	0.53	Taken at shop
27	3PM	AA-Well#1	0.56	Taken at shop
28	8AM	AA-Well#1	0.70	Taken at shop
29	8AM	AA-Well#1	0.68	Taken at shop
30	7AM	AA-Well#1	0.66	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.

<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	Operator Certification #:
Signature: 	Phone #: (541) 546-3412	OR
Date: 05/03/2021		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.