

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 JUNE 2021

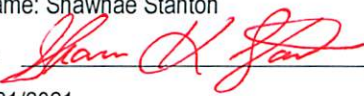
Entry Point:

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	7AM	AA-Well#1	0.90	Taken at shop
2	8AM	AA-Well#1	0.76	Taken at shop
3	8AM	AA-Well#1	0.76	Taken at shop
4	8AM	AA-Well#1	0.61	Taken at shop
5	8AM	AA-Well#1	0.57	Taken at shop
6	11AM	AA-Well#1	0.68	Taken at shop
7	11AM	AA-Well#1	0.60	Taken at shop
8	9AM	AA-Well#1	0.71	Taken at shop
9	8AM	AA-Well#1	0.82	Taken at shop
10	11AM	AA-Well#1	0.71	Taken at shop
11	8AM	AA-Well#1	0.65	Taken at shop
12	9AM	AA-Well#1	0.63	Taken at shop
13	8AM	AA-Well#1	0.53	Taken at shop
14	8AM	AA-Well#1	0.77	Taken at shop
15	11AM	AA-Well#1	0.65	Taken at shop
16	10AM	AA-Well#1	0.63	Taken at shop
17	8AM	AA-Well#1	0.56	Taken at shop
18	8AM	AA-Well#1	0.54	Taken at shop
19	11AM	AA-Well#1	0.66	Taken at shop
20	7AM	AA-Well#1	0.89	Taken at shop
21	8AM	AA-Well#1	0.88	Taken at shop
22	11AM	AA-Well#1	0.97	Taken at shop
23	8AM	AA-Well#1	0.76	Taken at shop
24	8AM	AA-Well#1	0.56	Taken at shop
25	8AM	AA-Well#1	0.68	Taken at shop
26	8AM	AA-Well#1	0.78	Taken at shop
27	7AM	AA-Well#1	0.63	Taken at shop
28	8AM	AA-Well#1	0.51	Taken at shop
29	8AM	AA-Well#1	0.57	Taken at shop
30	2PM	AA-Well#1	0.58	Taken at shop
31	1PM	AA-Well#1	0.57	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	GWS Serving More Than 3,300	
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 <i>Attach those results and submit them with this form.</i>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Shawnae Stanton Signature:  Date: 07/01/2021	Title: Park Specialist Phone #: (541) 546-3412	Operator Certification #: OR Small Groundwater System X
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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.