

**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    October 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	0.59	Taken at shop
2	9AM	AA-Well#1	0.65	Taken at shop
3	3PM	AA-Well#1	0.61	Taken at shop
4	10AM	AA-Well#1	0.60	Taken at shop
5	9AM	AA-Well#1	0.57	Taken at shop
6	6PM	AA-Well#1	0.55	Taken at shop
7	9AM	AA-Well#1	0.65	Taken at shop
8	4PM	AA-Well#1	0.51	Taken at shop
9	10AM	AA-Well#1	0.60	Taken at shop
10	9AM	AA-Well#1	0.63	Taken at shop
11	8AM	AA-Well#1	0.58	Taken at shop
12	9AM	AA-Well#1	0.54	Taken at shop
13	9AM	AA-Well#1	0.51	Taken at shop
14	9AM	AA-Well#1	0.52	Taken at shop
15	9AM	AA-Well#1	0.77	Taken at shop
16	8AM	AA-Well#1	0.75	Taken at shop
17	9AM	AA-Well#1	0.68	Taken at shop
18	9AM	AA-Well#1	0.65	Taken at shop
19	9AM	AA-Well#1	0.60	Taken at shop
20	11AM	AA-Well#1	0.54	Taken at shop
21	10AM	AA-Well#1	0.51	Taken at shop
22	10AM	AA-Well#1	0.52	Taken at shop
23	9AM	AA-Well#1	0.56	Taken at shop
24	9AM	AA-Well#1	0.51	Taken at shop
25	9AM	AA-Well#1	0.69	Taken at shop
26	9AM	AA-Well#1	0.56	Taken at shop
27	10AM	AA-Well#1	0.91	Taken at shop
28	10AM	AA-Well#1	0.86	Taken at shop
29	2PM	AA-Well#1	1.02	Taken at shop
30	12PM	AA-Well#1	0.78	Taken at shop
31	9AM	AA-Well#1	0.79	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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 Signature:  Date: 11/01/2021	Title: Park Specialist Phone #: (541) 546-3412	Operator Certification #: OR Small Groundwater System X
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**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.**