

**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 Nov 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	11AM	AA-Well#1	0.75	Taken at shop
2	10AM	AA-Well#1	0.76	Taken at shop
3	10AM	AA-Well#1	0.57	Taken at shop
4	9AM	AA-Well#1	0.54	Taken at shop
5	9AM	AA-Well#1	0.54	Taken at shop
6	9AM	AA-Well#1	0.57	Taken at shop
7	9AM	AA-Well#1	0.59	Taken at shop
8	11AM	AA-Well#1	0.55	Taken at shop
9	10AM	AA-Well#1	0.55	Taken at shop
10	10AM	AA-Well#1	0.55	Taken at shop
11	10AM	AA-Well#1	0.59	Taken at shop
12	11AM	AA-Well#1	0.59	Taken at shop
13	9AM	AA-Well#1	0.67	Taken at shop
14	9AM	AA-Well#1	0.55	Taken at shop
15	10AM	AA-Well#1	0.52	Taken at shop
16	10AM	AA-Well#1	0.55	Taken at shop
17	10AM	AA-Well#1	0.59	Taken at shop
18	11AM	AA-Well#1	0.56	Taken at shop
19	9AM	AA-Well#1	0.58	Taken at shop
20	9AM	AA-Well#1	0.56	Taken at shop
21	9AM	AA-Well#1	0.58	Taken at shop
22	10AM	AA-Well#1	0.51	Taken at shop
23	10AM	AA-Well#1	0.64	Taken at shop
24	1PM	AA-Well#1	0.66	Taken at shop
25	8AM	AA-Well#1	0.52	Taken at shop
26	9AM	AA-Well#1	0.59	Taken at shop
27	9AM	AA-Well#1	0.56	Taken at shop
28	9AM	AA-Well#1	0.61	Taken at shop
29	10AM	AA-Well#1	0.63	Taken at shop
30	2PM	AA-Well#1	0.59	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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Shawnae Stanton	Title: Park Specialist	Operator Certification #:
Signature:	Phone #: (541) 546-3412	OR
Date: 12/02/2021		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.