

**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 Feb 2022 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	12pm	AA-Well#1	.55	Taken at shop
2	12pm	AA-Well#1	.75	Taken at shop
3	10am	AA-Well#1	.68	Taken at shop
4	11am	AA-Well#1	.66	Taken at shop
5	9am	AA-Well#1	.67	Taken at shop
6	9am	AA-Well#1	.68	Taken at shop
7	9am	AA-Well#1	.69	Taken at shop
8	11am	AA-Well#1	.70	Taken at shop
9	11am	AA-Well#1	.51	Taken at shop
10	11am	AA-Well#1	.51	Taken at shop
11	9am	AA-Well#1	.82	Taken at shop
12	9am	AA-Well#1	.85	Taken at shop
13	9am	AA-Well#1	.88	Taken at shop
14	9am	AA-Well#1	.75	Taken at shop
15	9am	AA-Well#1	.92	Taken at shop
16	10am	AA-Well#1	.95	Taken at shop
17	9am	AA-Well#1	.94	Taken at shop
18	2pm	AA-Well#1	1.1	Taken at shop
19	10am	AA-Well#1	1.12	Taken at shop
20	10am	AA-Well#1	1.07	Taken at shop
21	11am	AA-Well#1	1.05	Taken at shop
22	9am	AA-Well#1	1.06	Taken at shop
23	10am	AA-Well#1	1.07	Taken at shop
24	9am	AA-Well#1	1.07	Taken at shop
25	5pm	AA-Well#1	1.14	Taken at shop
26	11am	AA-Well#1	.95	Taken at shop
27	9am	AA-Well#1	1.14	Taken at shop
28	10am	AA-Well#1	.96	Taken at shop
29		AA-Well#1		Taken at shop
30		AA-Well#1		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.

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: Sharlyn Longoria Signature: <u>Sharlyn Longoria</u> Date: 3/04/2022	Title: Park Specialist Phone #: (541) 546-3412	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.