

**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/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 |
|------|------|------------------|--|---------------|
| 4/1 | 9am | AA-Well#1 | .60 | Taken at shop |
| 2 | | AA-Well#1 | .60 | Taken at shop |
| 3 | | AA-Well#1 | .69 | Taken at shop |
| 4 | | AA-Well#1 | .52 | Taken at shop |
| 5 | | AA-Well#1 | .67 | Taken at shop |
| 6 | | AA-Well#1 | .68 | Taken at shop |
| 7 | | AA-Well#1 | .81 | Taken at shop |
| 8 | | AA-Well#1 | .81 | Taken at shop |
| 9 | | AA-Well#1 | .75 | Taken at shop |
| 10 | | AA-Well#1 | .74 | Taken at shop |
| 11 | | AA-Well#1 | .67 | Taken at shop |
| 12 | | AA-Well#1 | .84 | Taken at shop |
| 13 | | AA-Well#1 | .70 | Taken at shop |
| 14 | | AA-Well#1 | .63 | Taken at shop |
| 15 | | AA-Well#1 | .69 | Taken at shop |
| 16 | | AA-Well#1 | .64 | Taken at shop |
| 17 | | AA-Well#1 | .57 | Taken at shop |
| 18 | | AA-Well#1 | .61 | Taken at shop |
| 19 | | AA-Well#1 | .66 | Taken at shop |
| 20 | | AA-Well#1 | .60 | Taken at shop |
| 21 | | AA-Well#1 | .74 | Taken at shop |
| 22 | | AA-Well#1 | .74 | Taken at shop |
| 23 | | AA-Well#1 | .73 | Taken at shop |
| 24 | | AA-Well#1 | .62 | Taken at shop |
| 25 | | AA-Well#1 | .62 | Taken at shop |
| 26 | | AA-Well#1 | .57 | Taken at shop |
| 27 | | AA-Well#1 | .66 | Taken at shop |
| 28 | | AA-Well#1 | .55 | Taken at shop |
| 29 | | AA-Well#1 | .53 | Taken at shop |
| 30 | | AA-Well#1 | .49 | 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> |
|---|---|---|

| | | |
|---|--|---|
| Printed Name: <u>Steve Bifano</u> Signature: <u>[Signature]</u> Date: <u>May 3rd 2022</u> | Title: <u>Park mgr.</u> 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.