

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


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	9:00am	AA-Well#1	.67	Taken at shop
2	9:00am	AA-Well#1	.55	Taken at shop
3	8:50am	AA-Well#1	.55	Taken at shop
4	8:50am	AA-Well#1	.70	Taken at shop
5	10:25am	AA-Well#1	.52	Taken at shop
6	10:30am	AA-Well#1	.52	Taken at shop
7	9:45am	AA-Well#1	.84	Taken at shop
8	8:20am	AA-Well#1	.82	Taken at shop
9	10:15am	AA-Well#1	.91	Taken at shop
10	9:00am	AA-Well#1	.52	Taken at shop
11	9:30am	AA-Well#1	.85	Taken at shop
12	8:00am	AA-Well#1	.52	Taken at shop
13	8:00am	AA-Well#1	.71	Taken at shop
14	8:00am	AA-Well#1	.61	Taken at shop
15	11:00am	AA-Well#1	.65	Taken at shop
16	10:00am	AA-Well#1	.69	Taken at shop
17	9:30am	AA-Well#1	.62	Taken at shop
18	8:00am	AA-Well#1	.61	Taken at shop
19	9:00am	AA-Well#1	.60	Taken at shop
20	10:00am	AA-Well#1	.52	Taken at shop
21	10:00am	AA-Well#1	.51	Taken at shop
22	10:00am	AA-Well#1	.86	Taken at shop
23	3:00pm	AA-Well#1	.54	Taken at shop
24	8:30am	AA-Well#1	.77	Taken at shop
25	8:30am	AA-Well#1	.66	Taken at shop
26	11:00am	AA-Well#1	.69	Taken at shop
27	1:30pm	AA-Well#1	.87	Taken at shop
28	8:30am	AA-Well#1	.82	Taken at shop
29	2:00pm	AA-Well#1	.85	Taken at shop
30	1:30pm	AA-Well#1	.85	Taken at shop
31	2:00pm	AA-Well#1	.81	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>
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Printed Name: _____ Signature:  Date: _____	Title: _____ 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.