

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 DEC 2024 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	8:30AM	AA-Well#1	.79	Taken at shop
2	9AM	AA-Well#1	.71	Taken at shop
3	9AM	AA-Well#1	.81	Taken at shop
4	9AM	AA-Well#1	.84	Taken at shop
5	9AM	AA-Well#1	.86	Taken at shop
6	10AM	AA-Well#1	.61	Taken at shop
7	8:30AM	AA-Well#1	.64	Taken at shop
8	8:30AM	AA-Well#1	.80	Taken at shop
9	8:30AM	AA-Well#1	.73	Taken at shop
10	10AM	AA-Well#1	.78	Taken at shop
11	10AM	AA-Well#1	.61	Taken at shop
12	9AM	AA-Well#1	.71	Taken at shop
13	9AM	AA-Well#1	.66	Taken at shop
14	8:30AM	AA-Well#1	.66	Taken at shop
15	8:30AM	AA-Well#1	.67	Taken at shop
16	9AM	AA-Well#1	.68	Taken at shop
17	9AM	AA-Well#1	.66	Taken at shop
18	8:30AM	AA-Well#1	.58	Taken at shop
19	12PM	AA-Well#1	.69	Taken at shop
20	10AM	AA-Well#1	.63	Taken at shop
21	9AM	AA-Well#1	.58	Taken at shop
22	9AM	AA-Well#1	.63	Taken at shop
23	9AM	AA-Well#1	.60	Taken at shop
24	8AM	AA-Well#1	.70	Taken at shop
25	8AM	AA-Well#1	.62	Taken at shop
26	10AM	AA-Well#1	.53	Taken at shop
27	11AM	AA-Well#1	.61	Taken at shop
28	8:15AM	AA-Well#1	.50	Taken at shop
29	8:30AM	AA-Well#1	.58	Taken at shop
30	9AM	AA-Well#1	.58	Taken at shop
31	8:30AM	AA-Well#1	.61	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**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

*Attach those results and submit them with this form.*

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

*Attach grab sample results and submit them with this form.*

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: SHARLYN LONGORIA

Title: PARK SPECIALIST

Operator Certification #:

Signature: Sharlyn Longoria

Phone #: (541) 546-3412

OR

Date: 01/03/2025

Small Groundwater System X

*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.*