

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 JAN 2025

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	.60	Taken at shop
2	9:30AM	AA-Well#1	.61	Taken at shop
3	10AM	AA-Well#1	.66	Taken at shop
4	9:30AM	AA-Well#1	.61	Taken at shop
5	9:30AM	AA-Well#1	.60	Taken at shop
6	10AM	AA-Well#1	.63	Taken at shop
7	10AM	AA-Well#1	.67	Taken at shop
8	10AM	AA-Well#1	.60	Taken at shop
9	9AM	AA-Well#1	.53	Taken at shop
10	9AM	AA-Well#1	.61	Taken at shop
11	9:30AM	AA-Well#1	.64	Taken at shop
12	9AM	AA-Well#1	.66	Taken at shop
13	3PM	AA-Well#1	.54	Taken at shop
14	9:30AM	AA-Well#1	.59	Taken at shop
15	8:30AM	AA-Well#1	.61	Taken at shop
16	9:30AM	AA-Well#1	.60	Taken at shop
17	10AM	AA-Well#1	.65	Taken at shop
18	9AM	AA-Well#1	.59	Taken at shop
19	9AM	AA-Well#1	.56	Taken at shop
20	9AM	AA-Well#1	.58	Taken at shop
21	9AM	AA-Well#1	.59	Taken at shop
22	9AM	AA-Well#1	.53	Taken at shop
23	9AM	AA-Well#1	.53	Taken at shop
24	9AM	AA-Well#1	.58	Taken at shop
25	9:30AM	AA-Well#1	.54	Taken at shop
26	9:20AM	AA-Well#1	.54	Taken at shop
27	1150AM	AA-Well#1	.57	Taken at shop
28	1150AM	AA-Well#1	.56	Taken at shop
29	9AM	AA-Well#1	.52	Taken at shop
30	9AM	AA-Well#1	.51	Taken at shop
31	9AM	AA-Well#1	.56	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?
notified by end of next business day.

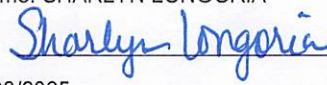
hours – If > 4 hours, Drinking Water Program to be

<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: SHARLYN LONGORIA

Title: PARK SPECIALIST

Operator Certification #:

Signature: 

Phone #: (541) 546-3412

OR

Date: 02/03/2025

Small Groundwater System X

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019