

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/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	9AM	AA-Well#1	.52	Taken at shop
2	9:30AM	AA-Well#1	.52	Taken at shop
3	9:30AM	AA-Well#1	.51	Taken at shop
4	9AM	AA-Well#1	.57	Taken at shop
5	9AM	AA-Well#1	.54	Taken at shop
6	9AM	AA-Well#1	.50	Taken at shop
7	9AM	AA-Well#1	.51	Taken at shop
8	9AM	AA-Well#1	.53	Taken at shop
9	9AM	AA-Well#1	.55	Taken at shop
10	10AM	AA-Well#1	.61	Taken at shop
11	10AM	AA-Well#1	.55	Taken at shop
12	10AM	AA-Well#1	.57	Taken at shop
13	10AM	AA-Well#1	.55	Taken at shop
14	9AM	AA-Well#1	.63	Taken at shop
15	2PM	AA-Well#1	.50	Taken at shop
16	9AM	AA-Well#1	.51	Taken at shop
17	9AM	AA-Well#1	.66	Taken at shop
18	9AM	AA-Well#1	.61	Taken at shop
19	8AM	AA-Well#1	.69	Taken at shop
20	9AM	AA-Well#1	.64	Taken at shop
21	9AM	AA-Well#1	.77	Taken at shop
22	10AM	AA-Well#1	.57	Taken at shop
23	9:20AM	AA-Well#1	.61	Taken at shop
24	10AM	AA-Well#1	.58	Taken at shop
25	11AM	AA-Well#1	.62	Taken at shop
26	9AM	AA-Well#1	.68	Taken at shop
27	11:30A	AA-Well#1	.62	Taken at shop
28	9AM	AA-Well#1	.68	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?
notified by end of next business day.

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

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:

/ /

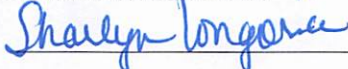
Date it was returned to service:

/ /

Printed Name: SHARLYN LONGORIA

Title: PARK SPECIALIST

Operator Certification #:

Signature: 

Phone #: (541) 546-3412

OR

Date: 03/04/2025

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.

August 22, 2019