

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 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	.59	Taken at shop
2	9AM	AA-Well#1	.72	Taken at shop
3	6PM	AA-Well#1	.77	Taken at shop
4	8:30AM	AA-Well#1	.77	Taken at shop
5	10:30A	AA-Well#1	.73	Taken at shop
6	9:30AM	AA-Well#1	.76	Taken at shop
7	8:15AM	AA-Well#1	.72	Taken at shop
8	8:30AM	AA-Well#1	.73	Taken at shop
9	8:30AM	AA-Well#1	.75	Taken at shop
10	6:30PM	AA-Well#1	.63	Taken at shop
11	8:30AM	AA-Well#1	.70	Taken at shop
12	9:30AM	AA-Well#1	.66	Taken at shop
13	3:30PM	AA-Well#1	.69	Taken at shop
14	9:03AM	AA-Well#1	.69	Taken at shop
15	9AM	AA-Well#1	.69	Taken at shop
16	7AM	AA-Well#1	.67	Taken at shop
17	1PM	AA-Well#1	.72	Taken at shop
18	10AM	AA-Well#1	.58	Taken at shop
19	9:30AM	AA-Well#1	.60	Taken at shop
20	10:30A	AA-Well#1	.58	Taken at shop
21	12PM	AA-Well#1	.66	Taken at shop
22	8:30AM	AA-Well#1	.73	Taken at shop
23	9AM	AA-Well#1	.85	Taken at shop
24	9AM	AA-Well#1	.86	Taken at shop
25	9AM	AA-Well#1	.91	Taken at shop
26	9AM	AA-Well#1	.70	Taken at shop
27	8:45AM	AA-Well#1	.76	Taken at shop
28	7:45AM	AA-Well#1	.87	Taken at shop
29	7:30AM	AA-Well#1	.95	Taken at shop
30	9:30AM	AA-Well#1	.94	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

Signature: 

Phone #: (541) 546-3412

Date: 05/02/2025

Operator Certification #:

OR

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.

August 22, 2019