

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name OPRD Cove Park - Deschutes

PWS ID# 41 91036

Month/Year May 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	8AM	AA-Well#1	.66	Taken at shop
2	8AM	AA-Well#1	.93	Taken at shop
3	8AM	AA-Well#1	.85	Taken at shop
4	8:15AM	AA-Well#1	.89	Taken at shop
5	7:30AM	AA-Well#1	.80	Taken at shop
6	7:30AM	AA-Well#1	.60	Taken at shop
7	7:30AM	AA-Well#1	.70	Taken at shop
8	7:30AM	AA-Well#1	.81	Taken at shop
9	7:30AM	AA-Well#1	.75	Taken at shop
10	7:40AM	AA-Well#1	.89	Taken at shop
11	8:10AM	AA-Well#1	.83	Taken at shop
12	7:30AM	AA-Well#1	.80	Taken at shop
13	7:30AM	AA-Well#1	.78	Taken at shop
14	7:30AM	AA-Well#1	.72	Taken at shop
15	7:30AM	AA-Well#1	.71	Taken at shop
16	7:30AM	AA-Well#1	.74	Taken at shop
17	7:30AM	AA-Well#1	.69	Taken at shop
18	7:30AM	AA-Well#1	.84	Taken at shop
19	7:30AM	AA-Well#1	.81	Taken at shop
20	7:30AM	AA-Well#1	.85	Taken at shop
21	7:30AM	AA-Well#1	.75	Taken at shop
22	7:30AM	AA-Well#1	.52	Taken at shop
23	7:10AM	AA-Well#1	.50	Taken at shop
24	7:30AM	AA-Well#1	.92	Taken at shop
25	4PM	AA-Well#1	.91	Taken at shop
26	7:30AM	AA-Well#1	.90	Taken at shop
27	7:30AM	AA-Well#1	.50	Taken at shop
28	1PM	AA-Well#1	.75	Taken at shop
29	1PM	AA-Well#1	.51	Taken at shop
30	8AM	AA-Well#1	.90	Taken at shop
31	7:30AM	AA-Well#1	.91	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: 06/02/20258

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

emailed 6/2/25 @ 4:50pm