

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 JUNE/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	7:30AM	AA-Well#1	.88	Taken at shop
2	7:30AM	AA-Well#1	.87	Taken at shop
3	3PM	AA-Well#1	.75	Taken at shop
4	9:15AM	AA-Well#1	.87	Taken at shop
5	3PM	AA-Well#1	.79	Taken at shop
6	7:15AM	AA-Well#1	.78	Taken at shop
7	2:30PM	AA-Well#1	.61	Taken at shop
8	7:30AM	AA-Well#1	.57	Taken at shop
9	7:30AM	AA-Well#1	.51	Taken at shop
10	1PM	AA-Well#1	.50	Taken at shop
11	9AM	AA-Well#1	.56	Taken at shop
12	10AM	AA-Well#1	.59	Taken at shop
13	7:30AM	AA-Well#1	.53	Taken at shop
14	7:30AM	AA-Well#1	.53	Taken at shop
15	7:30AM	AA-Well#1	.52	Taken at shop
16	12PM	AA-Well#1	.50	Taken at shop
17	3PM	AA-Well#1	.50	Taken at shop
18	10AM	AA-Well#1	.95	Taken at shop
19	12PM	AA-Well#1	.91	Taken at shop
20	7:30AM	AA-Well#1	.98	Taken at shop
21	2PM	AA-Well#1	1.05	Taken at shop
22	7:30PM	AA-Well#1	1.03	Taken at shop
23	7:30AM	AA-Well#1	1.07	Taken at shop
24	2PM	AA-Well#1	1.21	Taken at shop
25	3PM	AA-Well#1	.87	Taken at shop
26	3PM	AA-Well#1	.99	Taken at shop
27	3PM	AA-Well#1	.89	Taken at shop
28	2:30PM	AA-Well#1	1.32	Taken at shop
29	7AM	AA-Well#1	1.06	Taken at shop
30	7:30AM	AA-Well#1	.93	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:

Sharlyn Longoria

Phone #: (541) 546-3412

Date: 07/02/2025

Operator Certification #:

OR

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