

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 Oct. 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	.50	Taken at shop
2	10AM	AA-Well#1	.57	Taken at shop
3	8:30AM	AA-Well#1	.70	Taken at shop
4	5:30PM	AA-Well#1	.68	Taken at shop
5	9:30AM	AA-Well#1	.72	Taken at shop
6	8:30AM	AA-Well#1	.73	Taken at shop
7	6PM	AA-Well#1	.75	Taken at shop
8	10:30A	AA-Well#1	.69	Taken at shop
9	4PM	AA-Well#1	.69	Taken at shop
10	8:30AM	AA-Well#1	.91	Taken at shop
11	8:30AM	AA-Well#1	1.19	Taken at shop
12	8:30AM	AA-Well#1	.81	Taken at shop
13	8:30AM	AA-Well#1	1.02	Taken at shop
14	8:30AM	AA-Well#1	.86	Taken at shop
15	10AM	AA-Well#1	.86	Taken at shop
16	9AM	AA-Well#1	.97	Taken at shop
17	5PM	AA-Well#1	.97	Taken at shop
18	9:45AM	AA-Well#1	1.01	Taken at shop
19	10:20A	AA-Well#1	.86	Taken at shop
20	8:30AM	AA-Well#1	.88	Taken at shop
21	2:30PM	AA-Well#1	.72	Taken at shop
22	3:15PM	AA-Well#1	1.02	Taken at shop
23	3:45PM	AA-Well#1	.75	Taken at shop
24	8:30AM	AA-Well#1	.71	Taken at shop
25	8:30AM	AA-Well#1	.79	Taken at shop
26	11:20A	AA-Well#1	.75	Taken at shop
27	3:30PM	AA-Well#1	.66	Taken at shop
28	4:15PM	AA-Well#1	.99	Taken at shop
29	3:30PM	AA-Well#1	.99	Taken at shop
30	10:50A	AA-Well#1	.96	Taken at shop
31	10:50A	AA-Well#1	.88	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: Sharlyn Longoria

Phone #: (541) 546-3412

OR

Date: 11/03/2025

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