

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    NOV 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	.90	Taken at shop
2	9AM	AA-Well#1	.98	Taken at shop
3	9AM	AA-Well#1	.94	Taken at shop
4	10AM	AA-Well#1	.97	Taken at shop
5	8AM	AA-Well#1	.75	Taken at shop
6	4:15PM	AA-Well#1	.77	Taken at shop
7	4:45PM	AA-Well#1	.86	Taken at shop
8	9 AM	AA-Well#1	.91	Taken at shop
9	2:30PM	AA-Well#1	.57	Taken at shop
10	10:49A	AA-Well#1	.90	Taken at shop
11	9AM	AA-Well#1	.91	Taken at shop
12	8AM	AA-Well#1	.94	Taken at shop
13	3:15P	AA-Well#1	.80	Taken at shop
14	3:15P	AA-Well#1	.88	Taken at shop
15	10AM	AA-Well#1	.90	Taken at shop
16	9:40AM	AA-Well#1	.68	Taken at shop
17	11AM	AA-Well#1	.60	Taken at shop
18	9AM	AA-Well#1	.55	Taken at shop
19	10AM	AA-Well#1	.68	Taken at shop
20	3PM	AA-Well#1	.82	Taken at shop
21	8:50AM	AA-Well#1	.50	Taken at shop
22	3PM	AA-Well#1	.80	Taken at shop
23	9AM	AA-Well#1	.53	Taken at shop
24	10AM	AA-Well#1	.86	Taken at shop
25	9AM	AA-Well#1	.81	Taken at shop
26	12:30P	AA-Well#1	.66	Taken at shop
27	1PM	AA-Well#1	.76	Taken at shop
28	9AM	AA-Well#1	.78	Taken at shop
29	11AM	AA-Well#1	.57	Taken at shop
30	10AM	AA-Well#1	.62	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? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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<p>Printed Name: SHARLYN LONGORIA Signature: <u>Sharlyn Longoria</u> Date: 12/03/2025</p>	<p>Title: PARK SPECIALIST Phone #: (541) 546-3412</p>	<p>Operator Certification #: OR Small Groundwater System X</p>
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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.