

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	DEC 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	12PM	AA-Well#1	.71	Taken at shop
2	1PM	AA-Well#1	.63	Taken at shop
3	4PM	AA-Well#1	.65	Taken at shop
4	3:30PM	AA-Well#1	.90	Taken at shop
5	3PM	AA-Well#1	.75	Taken at shop
6	1PM	AA-Well#1	.94	Taken at shop
7	9AM	AA-Well#1	.94	Taken at shop
8	10AM	AA-Well#1	.91	Taken at shop
9	10:30A	AA-Well#1	.89	Taken at shop
10	9:30AM	AA-Well#1	.63	Taken at shop
11	8AM	AA-Well#1	.97	Taken at shop
12	3PM	AA-Well#1	.84	Taken at shop
13	12PM	AA-Well#1	.84	Taken at shop
14	8:30AM	AA-Well#1	.88	Taken at shop
15	10:30A	AA-Well#1	.87	Taken at shop
16	9:30AM	AA-Well#1	.73	Taken at shop
17	1PM	AA-Well#1	.79	Taken at shop
18	4PM	AA-Well#1	.83	Taken at shop
19	9AM	AA-Well#1	.74	Taken at shop
20	9:45AM	AA-Well#1	.73	Taken at shop
21	9:50AM	AA-Well#1	.82	Taken at shop
22	2:30PM	AA-Well#1	.74	Taken at shop
23	6PM	AA-Well#1	.78	Taken at shop
24	9AM	AA-Well#1	.70	Taken at shop
25	10AM	AA-Well#1	.81	Taken at shop
26	2PM	AA-Well#1	.80	Taken at shop
27	10AM	AA-Well#1	.68	Taken at shop
28	10AM	AA-Well#1	.68	Taken at shop
29	11:30A	AA-Well#1	.67	Taken at shop
30	9AM	AA-Well#1	.66	Taken at shop
31	9AM	AA-Well#1	.67	Taken at shop
<p>Was the chlorine residual ever less than the required minimum residual of 0.5 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what was the longest time period until the required level was restored? _____ hours – <u>If > 4 hours, Drinking Water Program to be notified by end of next business day.</u></p>				
<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>Printed Name: SHARLYN LONGORIA Signature: <u>Sharlyn Longoria</u> Date: 01/05/2026</p>		<p>Title: PARK SPECIALIST Phone #: (541) 546-3412</p>	<p>Operator Certification #: OR Small Groundwater System X</p>	

*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.*