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 JAN 2026 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	.75	Taken at shop
2	4:45pm	AA-Well#1	.73	Taken at shop
3	945am	AA-Well#1	.70	Taken at shop
4	930am	AA-Well#1	.78	Taken at shop
5	10am	AA-Well#1	.68	Taken at shop
6	10am	AA-Well#1	.60	Taken at shop
7	10am	AA-Well#1	.60	Taken at shop
8	1pm	AA-Well#1	.60	Taken at shop
9	850AM	AA-Well#1	.68	Taken at shop
10	920AM	AA-Well#1	.73	Taken at shop
11	3PM	AA-Well#1	.80	Taken at shop
12	1130AM	AA-Well#1	.86	Taken at shop
13	2PM	AA-Well#1	.69	Taken at shop
14	11AM	AA-Well#1	.76	Taken at shop
15	8AM	AA-Well#1	.70	Taken at shop
16	9AM	AA-Well#1	.56	Taken at shop
17	10AM	AA-Well#1	.69	Taken at shop
18	2PM	AA-Well#1	.58	Taken at shop
19	10AM	AA-Well#1	.56	Taken at shop
20	3PM	AA-Well#1	.62	Taken at shop
21	8AM	AA-Well#1	.72	Taken at shop
22	3PM	AA-Well#1	.62	Taken at shop
23	10AM	AA-Well#1	.59	Taken at shop
24	10AM	AA-Well#1	.63	Taken at shop
25	1115AM	AA-Well#1	.62	Taken at shop
26	10AM	AA-Well#1	.70	Taken at shop
27	10AM	AA-Well#1	.65	Taken at shop
28	10AM	AA-Well#1	.66	Taken at shop
29	11AM	AA-Well#1	.63	Taken at shop
30	430PM	AA-Well#1	.74	Taken at shop
31	3PM	AA-Well#1	.60	Taken at shop

Was the chlorine residual ever less than the required minimum residual of 0.5 mg/L? ☐ Yes X 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

Signature: Sharlyn Longoria

Date: 02/02/2026

Title: PARK SPECIALIST

Phone #: (541) 546-3412

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.