

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **BLM Loon Lake Rec Site**

PWS ID# **4 1 90619**



Month/Year **May / 2024** Entry Point: **EP-A**

Required Minimum Residual **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		SRC-AB		ONLY SRC-AA
2				requires 4-log
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Was the chlorine residual ever less than the required minimum residual of 0.2 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: **Lura Huff**

Title: **Fac. Maint. Svp**

Operator Certification #:

Signature: _____

Phone #: **(541) 671-7147**

OR

Date: **6 / 2 / 2024**

Small Groundwater System ☒

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