

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

System Name BLM Loon Lake Rec. Site

PWS ID# 4190619

Month/Year Aug. 1/2024 Entry Point: SRC-AB

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		<u>SRC-AB</u>		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11		<u>SRC-AA</u>	<u>0.78</u>	
12			<u>0.62</u>	
13			<u>0.43</u>	
14			<u>0.52</u>	
15			<u>0.37</u>	
16			<u>1.64</u>	
17			<u>1.01</u>	
18			<u>0.97</u>	
19			<u>0.52</u>	
20			<u>0.72</u>	
21			<u>0.68</u>	
22			<u>0.77</u>	
23			<u>0.54</u>	
24			<u>0.70</u>	
25			<u>0.61</u>	
26			<u>0.84</u>	
27			<u>0.38</u>	
28			<u>0.44</u>	
29			<u>0.56</u>	
30			<u>1.01</u>	
31			<u>0.97</u>	

Was the chlorine residual ever less than the required minimum residual of _____ 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.

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: Wra Huff

Signature: _____

Date: 9/3/2024

Title: Fac. Maint. SUP

Phone #: (541)-671-7197

Operator Certification #:

OR

Small Groundwater System ☒

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019