

**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 **Sept 1 2025** Entry Point: **EP-A1**

Required Minimum Residual **0.3 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:50	SRC-AA	1.21	
2	8:45	SRC-AA	0.81	
3	8:12	SRC-AA	0.84	
4	9:03	SRC-AA	1.19	
5				Switched over to SRC-AB
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Was the chlorine residual ever less than the required minimum residual of 0.3 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 0.3 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. Supervisor**

Operator Certification #:

Signature:

Phone #: **(541) 290-9297**

OR

Date: **9/30/2025**

Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dwpmce@odhsoha.oregon.gov](mailto:dwpmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.