


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

| | | | | |
|-------------|--|--------------------------------|---------------------------|----------|
| System Name | | Rogue Valley Adventist Academy | PWS ID# | 41 90722 |
| Month/Year | | 01/2021 | Entry Point: | EP-A |
| | | | Required Minimum Residual | .20 mg/L |

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|---------|------------------|--|-------|
| 1 | 8:30 am | AA-Well | .7 | |
| 2 | | | offline | |
| 3 | | | offline | |
| 4 | 8:30 am | AA-Well | .7 | |
| 5 | 7:30 am | AA-Well | .7 | |
| 6 | 7:30 am | AA-Well | .7 | |
| 7 | 7:30 am | AA-Well | .7 | |
| 8 | 8:30 am | AA-Well | .7 | |
| 9 | | | offline | |
| 10 | | | offline | |
| 11 | 7:30 am | AA-Well | .7 | |
| 12 | 8:00 am | AA-Well | .7 | |
| 13 | 8:00 am | AA-Well | .7 | |
| 14 | 8:00 am | AA-Well | .7 | |
| 15 | 8:30 am | AA-Well | .7 | |
| 16 | | | offline | |
| 17 | | | offline | |
| 18 | 8:00 am | AA-Well | .7 | |
| 19 | 7:30 am | AA-Well | .7 | |
| 20 | 7:30 am | AA-Well | .7 | |
| 21 | 7:30 am | AA-Well | .7 | |
| 22 | 8:30 am | AA-Well | .7 | |
| 23 | | | offline | |
| 24 | | | offline | |
| 25 | 8:00 am | AA-Well | .7 | |
| 26 | 8:00 am | AA-Well | .7 | |
| 27 | 7:30 am | AA-Well | .7 | |
| 28 | 8:00 am | AA-Well | .7 | |
| 29 | 7:30 am | AA-Well | .7 | |
| 30 | | | offline | |
| 31 | | | offline | |

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

| | | | |
|--|--|--|--|
| <p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <i>Attach those results and submit them with this form.</i></p> | <p align="center">GWS Serving More Than 3,300</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width:40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table> | Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i> | Date continuous monitoring equipment failed: / / Date it was returned to service: / / |
| Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i> | Date continuous monitoring equipment failed: / / Date it was returned to service: / / | | |

| | | |
|--|--|--|
| Printed Name: Mike Glasgow Signature:  Date: 02/03/2021 | Title: Maintenance Supervisor Phone #: (541) 773-2988 | Operator Certification #: OR Small Groundwater System <input type="checkbox"/> |
|--|--|--|