

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

System Name **Rogue Valley Adventist Academy**

PWS ID# **4 1 90722**

Month/Year **02/2021** 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	7:30 am	AA-Well	.7	
3	7:30 am	AA-Well	.7	
4	8:30 am	AA-Well	.7	
5	7:30 am	AA-Well	.7	
6			offline	
7			offline	
8	8:30 am	AA-Well	.7	
9	8:00 am	AA-Well	.7	
10	8:00 am	AA-Well	.7	
11	7:30 am	AA-Well	.7	
12	8:00 am	AA-Well	.7	
13			offline	
14			offline	
15	8:30 am	AA-Well	.7	
16	7:30 am	AA-Well	.6	
17	7:30 am	AA-Well	.6	
18	8:00 am	AA-Well	.7	
19	7:30 am	AA-Well	.6	
20			offline	
21			offline	
22	8:30 am	AA-Well	.7	
23	7:30 am	AA-Well	.7	
24	8:00 am	AA-Well	.7	
25	8:00 am	AA-Well	.7	
26	8:00 am	AA-Well	.7	
27			offline	
28			offline	
29				
30				
31				

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

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L?

*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?  
 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: Mike Glasgow

Title: Maintenance Supervisor

Operator Certification #:

Signature: 

Phone #: (541) 773-2988

OR

Date: 03 / 02 / 2021

Small Groundwater System