

**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 **03/2021** 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	.6	
2	7:30 am	AA-Well	.6	
3	7:30 am	AA-Well	.6	
4	8:30 am	AA-Well	.6	
5	7:30 am	AA-Well	.6	
6			offline	
7			offline	
8	8:30 am	AA-Well	.6	
9	8:00 am	AA-Well	.6	
10	8:00 am	AA-Well	.6	
11	7:30 am	AA-Well	.6	
12	8:00 am	AA-Well	.6	
13			offline	
14			offline	
15	8:30 am	AA-Well	.6	
16	7:30 am	AA-Well	.6	
17	7:30 am	AA-Well	.6	
18	8:00 am	AA-Well	.6	
19	7:30 am	AA-Well	.6	
20			offline	
21			offline	
22	8:30 am	AA-Well	.6	
23	7:30 am	AA-Well	.6	
24	8:00 am	AA-Well	.6	
25	8:00 am	AA-Well	.6	
26	8:00 am	AA-Well	.6	
27			offline	
28			offline	
29	8:30 am	AA-Well	.6	
30	7:30 am	AA-Well	.6	
31	8:00 am	AA-Well	.6	

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>GWS Serving More Than 3,300</p> <p>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></p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: Mike Oragon	Title: Maintenance Supervisor	Operator Certification #:
Signature: 	Phone #: (541) 773-2988	OR
Date: 04 / 02 / 2021		Small Groundwater System <input type="checkbox"/>