

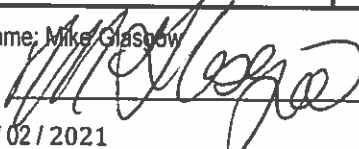
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name	Rogue Valley Adventist Academy	PWS ID#	4 1 90722
Month/Year	04/2021	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			offline	
4			offline	
5	7:30 am	AA-Well	.6	
6	8:00 am	AA-Wel	.6	
7	8:00 am	AA-Well	.6	
8	8:30 am	AA-Well	.6	
9	8:00 am	AA-Well	.6	
10			offline	
11			offline	
12	8:00 am	AA-Well	.6	
13	7:30 am	AA-Wel	.6	
14	7:30 am	AA-Wel	.6	
15	8:30 am	AA-Well	.6	
16	7:30 am	AA-Well	.6	
17			offline	
18			offline	
19	7:30 am	AA-Well	.6	
20	8:00 am	AA-Wel	.5	
21	8:00 am	AA-Wel	.5	
22	8:30 am	AA-Well	.6	
23	7:30 am	AA-Well	.6	
24			offline	
25			offline	
26	8:00 am	AA-Well	.7	
27	7:30 am	AA-Wel	.7	
28	7:30 am	AA-Wel	.7	
29	8:30 am	AA-Well	.6	
30	7:30 am	AA-Well	.6	
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

<p><b>GWS Serving 3,300 or Fewer</b></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"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 Glasgow Signature:  Date: 05 / 02 / 2021	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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