

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

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|-------------|--------------------------------|---------------------------|-----------|
| System Name | Rogue Valley Adventist Academy | PWS ID# | 4 1 90722 |
| Month/Year | 05/2021 | 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 | | | offline | |
| 2 | | | offline | |
| 3 | 7:30 am | AA-Well | .7 | |
| 4 | 8:00 am | AA-Well | .7 | |
| 5 | 7:30 am | AA-Well | .7 | |
| 6 | 8:00 am | AA-Wel | .7 | |
| 7 | 8:00 am | AA-Wel | .8 | |
| 8 | | | offline | |
| 9 | | | offline | |
| 10 | 7:30 am | AA-Well | .7 | |
| 11 | 8:30 am | AA-Well | .7 | |
| 12 | 8:00 am | AA-Well | .7 | |
| 13 | 7:30 am | AA-Wel | .7 | |
| 14 | 7:30 am | AA-Wel | 08 | |
| 15 | | | offline | |
| 16 | | | offline | |
| 17 | 7:30 am | AA-Well | .8 | |
| 18 | 8:00 am | AA-Well | .7 | |
| 19 | 7:30 am | AA-Well | .7 | |
| 20 | 8:00 am | AA-Wel | .7 | |
| 21 | 8:00 am | AA-Wel | .7 | |
| 22 | | | offline | |
| 23 | | | offline | |
| 24 | 7:30 am | AA-Well | .7 | |
| 25 | 8:30 am | AA-Well | .7 | |
| 26 | 8:00 am | AA-Well | .7 | |
| 27 | 7:30 am | AA-Wel | .7 | |
| 28 | 7:30 am | AA-Wel | .7 | |
| 29 | | | offline | |
| 30 | | | offline | |
| 31 | 7:30 am | AA-Well | .7 | |

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

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| <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 Glasgow Signature:  Date: 06 / 07 / 2021 | Title: Maintenance Supervisor Phone #: (541) 773-2988 | Operator Certification #: OR Small Groundwater System <input type="checkbox"/> |
|--|--|--|