

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

System Name **Rogue Valley Adventist Academy**

PWS ID# **4 1 90722**

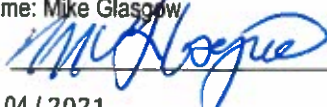
Month/Year **07/2021** Entry Point: **EP-A**

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-Wel	.7	
2	7:30 am	AA-Well	.7	
3			offline	
4			offline	
5	8:00 am	AA-Wel	.7	
6	8:30 am	AA-Wel	.7	
7	8:30 am	AA-Wel	.7	
8	7:30 am	AA-Well	.7	
9	8:00 am	AA-Well	.7	
10			offline	
11			offline	
12	7:30 am	AA-Wel	.7	
13	8:30 am	AA-Wel	.7	
14	7:30 am	AA-Wel	.7	
15	8:00 am	AA-Well	.7	
16	7:30 am	AA-Well	.7	
17			offline	
18			offline	
19	8:00 am	AA-Wel	.7	
20	8:30 am	AA-Wel	.7	
21	8:30 am	AA-Wel	.7	
22	8:30 am	AA-Well	.7	
23	7:30 am	AA-Well	.7	
24			offline	
25			offline	
26	8:00 am	AA-Wel	.7	
27	8:00 am	AA-Wel	.7	
28	7:30 am	AA-Wel	.7	
29	8:30 am	AA-Well	.7	
30	7:30 am	AA-Well	.7	
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?</p> <p><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</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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
---	---	---

Printed Name: Mike Glasgow Signature:  Date: 08 / 04 / 2021	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
--	--	--