

**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 **08/2021**

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

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**

Signature: 

Date: **09/07/2021**

Title: **Maintenance Supervisor**

Phone #: **(541) 773-2988**

Operator Certification #:

OR

Small Groundwater System