


**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	02/2022	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	7:30 am	AA-Well	.7	
2	8:00 am	AA-Well	.7	
3	7:30 am	AA-Well	.7	
4	8:00 am	AA-Well	.7	
5	8:30 am	AA-Well	offline	
6	7:30 am	AA-Well	offline	
7	8:00 am	AA-Well	.7	
8	8:00 am	AA-Well	.7	
9	7:30 am	AA-Well	.7	
10	7:30 am	AA-Well	.7	
11	8:30 am	AA-Well	.7	
12	8:00 am	AA-Well	offline	
13	7:30 am	AA-Well	offline	
14	8:00 am	AA-Well	.7	
15	8:00 am	AA-Well	.7	
16	7:30 am	AA-Well	.7	
17	7:30 am	AA-Well	.7	
18	8:00 am	AA-Well	.7	
19	8:30 am	AA-Well	offline	
20	8:00 am	AA-Well	offline	
21	7:30 am	AA-Well	.7	
22	7:30 am	AA-Well	.7	
23	8:00 am	AA-Well	.7	
24	8:00 am	AA-Well	.7	
25	7:30 am	AA-Well	.7	
26	8:30 am	AA-Well	offline	
27	8:00 am	AA-Well	offline	
28	7:30 am	AA-Well	.7	
29			offline	
30			offline	
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><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> <table border="0" style="width:100%;"> <tr> <td style="width:60%;">                     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> </td> <td style="width:40%;">                     Date continuous monitoring equipment failed:                      / /                       Date it was returned to service:                      / /                 </td> </tr> </table>	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>	Date continuous monitoring equipment failed: / /  Date it was returned to service: / /
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Printed Name: Mike Glasgow Signature:  Date: 03/01/2022	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #:  OR Small Groundwater System <input type="checkbox"/>
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