

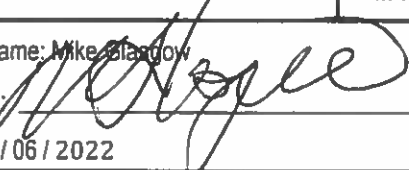
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **Rogue Valley Adventist Academy** PWS ID# **4 1 90722**  
 Month/Year **08/2022** 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	8:00 am	AA-Well	.7	
4	8:00 am	AA-Well	.7	
5	8:00 am	AA-Well	.7	
6			offline	
7			offline	
8	7:30 am	AA-Well	.7	
9	7:30 am	AA-Well	.7	
10	7:30 am	AA-Well	.7	
11	8:00 am	AA-Well	.7	
12	8:00 am	AA-Well	.7	
13			offline	
14			offline	
15	7:30 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	8:00 am	AA-Well	.7	
20			offline	
21			offline	
22	7:30 am	AA-Well	.7	
23	8:00 am	AA-Well	.7	
24	8:00 am	AA-Well	.7	
25	8:00 am	AA-Well	.7	
26	8:00 am	AA-Well	.7	
27			offline	
28			offline	
29	7:30 am	AA-Well	.7	
30	8:00 am	AA-Well	.7	
31	8:00 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

<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><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                  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: <u>Mike Blangow</u>	Title: <u>Maintenance Supervisor</u>	Operator Certification #:  OR Small Groundwater System <input type="checkbox"/>
Signature: 	Phone #: <u>(541) 773-2988</u>	
Date: <u>09/06/2022</u>		