


**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	09/2022	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			offline	
4			offline	
5	8:00 am	AA-Well	.7	
6	8:30 am	AA-Well	.7	
7	8:00 am	AA-Well	.7	
8	7:30 am	AA-Well	.7	
9	7:30 am	AA-Well	.7	
10			offline	
11			offline	
12	8:00 am	AA-Well	.7	
13	8:30 am	AA-Well	.7	
14	8:30 am	AA-Well	.7	
15	7:30 am	AA-Well	.7	
16	7:30 am	AA-Well	.7	
17			offline	
18			offline	
19	8:00 am	AA-Well	.7	
20	8:30 am	AA-Well	.7	
21	8:30 am	AA-Well	.7	
22	7:30 am	AA-Well	.7	
23	8:00 am	AA-Well	.7	
24			offline	
25			offline	
26	8:00 am	AA-Well	.7	
27	8:30 am	AA-Well	.7	
28	8:30 am	AA-Well	.7	
29	7:30 am	AA-Well	.7	
30	8:00 am	AA-Well	.7	
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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? <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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Mike Glasgow Signature:  Date: 10/06/2022	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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