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

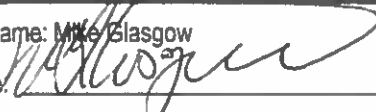| System Name	Rogue Valley Adventist Academy			PWS ID# 4 1 90722

Month/Year   02/2023   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			offline	
5			offline	
6	7:30 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	8:00 am	AA-Well	.7	
11			offline	
12			offline	
13	7:30 am	AA-Well	.7	
14	8:00 am	AA-Well	.7	
15	8:00 am	AA-Well	.7	
16	7:30 am	AA-Well	.7	
17	8:00 am	AA-Well	.7	
18			offline	
19			offline	
20	7:30 am	AA-Well	.7	
21	8:00 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			offline	
26			offline	
27	7:30 am	AA-Well	.7	
28	8:00 am	AA-Well	.7	
29				
30				
31				

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	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to ____ mg/L? *Attach those results and submit them with this form.*	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	Title: Maintenance Supervisor	Operator Certification #:
Signature:	Phone #: (541) 773-2988	OR
Date: 03 / 06 / 2023		Small Groundwater System ☐