

**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 **04/2023**

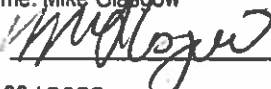
Entry Point: **EP-A**

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	offline	
2	8:00 am	AA-Well	offline	
3	8:00 am	AA-Well	.7	
4	7:30 am	AA-Well	.7	
5	8:00 am	AA-Well	.7	
6	7:30 am	AA-Well	.7	
7	8:00 am	AA-Well	.7	
8	7:30 am	AA-Well	offline	
9	7:30 am	AA-Well	offline	
10	8:00 am	AA-Well	.7	
11	7:30 am	AA-Well	.7	
12	8:00 am	AA-Well	.7	
13	7:30 am	AA-Well	.7	
14	8:00 am	AA-Well	.7	
15	8:00 am	AA-Well	offline	
16	7:30 am	AA-Well	offline	
17	8:00 am	AA-Well	.7	
18	7:30 am	AA-Well	.7	
19	8:00 am	AA-Well	.7	
20	7:30 am	AA-Well	.7	
21	8:00 am	AA-Well	.7	
22	7:30 am	AA-Well	offline	
23	8:00 am	AA-Well	offline	
24	8:00 am	AA-Well	.7	
25	7:30 am	AA-Well	.7	
26	8:00 am	AA-Well	.7	
27	7:30 am	AA-Well	.7	
28	8:00 am	AA-Well	.7	
29	7:30 am	AA-Well	offline	
30	8:00 am	AA-Well	offline	
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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><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: <b>Mike Glasgow</b> Signature:  Date: <b>05 / 03 / 2023</b>	Title: <b>Maintenance Supervisor</b> Phone #: <b>(541) 773-2988</b>	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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