

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

System Name **Rogue Valley Adventist Academy**

PWS ID# **41 90722**


Month/Year **05/2023** 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	7:30 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	8:00 am	AA-Well	.7	
11	7:30 am	AA-Well	.7	
12	8:00 am	AA-Well	.7	
13			offline	
14			offline	
15	8:00 am	AA-Well	.7	
16	7:30 am	AA-Well	.7	
17	8:00 am	AA-Well	.7	
18	7:30 am	AA-Well	.7	
19	8:00 am	AA-Well	.7	
20			ffline	
21			offline	
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	8:00 am	AA-Well	.7	
27			offline	
28			offline	
29	7:30 am	AA-Well	.7	
30	8:00 am	AA-Well	.7	
31	7:30 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

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? <i>Attach those results and submit them with this form.</i>	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: / /

Printed Name: Mike Glasgow Signature:  Date: 06/09/2023	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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