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 07/2023 Entry Point: EP-A Required Minimum Residual .20 mg/L						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1				offline		
2				offline	i	
3	8:00 am	AA-Well		.7	i	
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				offline		
9				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	1	
14	8:00 am	AA-Well		.7		
15		-		offline		
16				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				offline		
23				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				offline		
30				offline		
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						
						1
If yes, did you monitor every four hours until the residual returned to mg/L?			Did continuous monitoring equipment fail at any time reporting month? Yes No		iny time this	Date continuous monitoring equipment failed:
Attach those results and submit them with this form.			If yes, were grab samples collected every four licentinuous monitoring equipment was returned Yes No		ed to service?	Date it was returned to service:
Attach grab sample results and submit them with this form.						
Printed	Name: Mike	Glaggew	Title: Maintenance Supervisor		Operator Certification #:	
Signatui	re:////	NOM	Phone #: (541) 773-2988		OR	
Date: 0	8/16/2023	, <i>U</i>	Small Groundwater System			