

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 **08/2023**


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			offline	
6			offline	
7	8:00 am	AA-Well	.7	
8	7:30 am	AA-Well	.7	
9	8:00 am	AA-Well	.7	
10	8:00 am	AA-Well	.7	
11	7:30 am	AA-Well	.7	
12			offline	
13			offline	
14	8:00 am	AA-Well	.7	
15	7:30 am	AA-Well	.7	
16	8:00 am	AA-Well	.7	
17	8:00 am	AA-Well	.7	
18	7:30 am	AA-Well	.7	
19			offline	
20			offline	
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	7:30 am	AA-Well	.7	
26			offline	
27			offline	
28	8:00 am	AA-Well	.7	
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

<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 style="text-align: center;">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</p> <p>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: **09 / 06 / 2023**

Title: **Maintenance Supervisor**
 Phone #: **(541) 773-2988**

Operator Certification #:
 OR
 Small Groundwater System