

**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	05/2024	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	8:00 am	AA-Well	.7	
2	8:00 am	AA-Well	.7	
3	7:30 am	AA-Well	.7	
4			offline	
5			offline	
6	8:00 am	AA-Well	.7	
7	7:30 am	AA-Well	.7	
8	8:00 am	AA-Well	.7	
9	8:00 am	AA-Well	.7	
10	7:30 am	AA-Well	.7	
11			offline	
12			offline	
13	8:00 am	AA-Well	.7	
14	7:30 am	AA-Well	.7	
15	8:00 am	AA-Well	.7	
16	8:00 am	AA-Well	.7	
17	7:30 am	AA-Well	.7	
18			offline	
19			offline	
20	8:00 am	AA-Well	.7	
21	7:30 am	AA-Well	.7	
22	8:00 am	AA-Well	.7	
23	7:30 am	AA-Well	.7	
24	7:30 am	AA-Well	.7	
25			offline	
26			offline	
27	8:00 am	AA-Well	.7	
28	7:30 am	AA-Well	.7	
29	8:00 am	AA-Well	.7	
30	7:30 am	AA-Well	.7	
31	8:00 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 align="center">GWS Serving More Than 3,300</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> 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> </td> <td style="width:40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	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: / /
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Printed Name: Mike Glasgow Signature:  Date: 06 / 04 / 2024	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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