

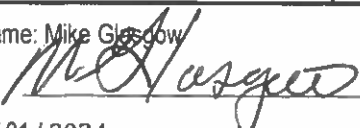
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **Rogue Valley Adventist Academy** PWS ID# **4 1 90722**
 Month/Year **06/2024** 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			offline	
2			offline	
3	7:30 am	AA-Well	.7	
4	8:00 am	AA-Well	.7	
5	7:30 am	AA-Well	.7	
6	8:00 am	AA-Well	.7	
7	7:30 am	AA-Well	.7	
8			offline	
9			offline	
10	7:30 am	AA-Well	.7	
11	8:00 am	AA-Well	.7	
12	7:30 am	AA-Well	.7	
13	8:00 am	AA-Well	.7	
14	7:30 am	AA-Well	.7	
15			offline	
16			offline	
17	7:30 am	AA-Well	.7	
18	8:00 am	AA-Well	.7	
19	7:30 am	AA-Well	.7	
20	8:00 am	AA-Well	.7	
21	7:30 am	AA-Well	.7	
22			offline	
23			offline	
24	7:30 am	AA-Well	.7	
25	8:00 am	AA-Well	.7	
26	7:30 am	AA-Well	.7	
27	8:00 am	AA-Well	.7	
28	7:30 am	AA-Well	.7	
29			offline	
30			offline	
31				

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> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date continuous monitoring equipment failed: _____ / _____ / _____ 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 Date it was returned to service: _____ / _____ / _____ <i>Attach grab sample results and submit them with this form.</i></p>
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Printed Name: Mike Glasgow Signature:  Date: 07/01/2024	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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