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/	2024 Entry Po	nt: EP-A	Required Minimum Residual .20 mg/L			
Date	Time	Source(s) ii	ı 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				offline			
4				offline			
5	7:30 am	AA-Well		.7			
6	7:30 am	AA-Well		.7			
7	8:00 am	AA-Well		.7			
- 8	7:30 am	AA-Well		.7			
9	8:00 am	AA-Well		.7			
10				offline			
11				offline			
12	7:30 am	AA-Well		.7			
13	7:30 am	AA-Well		.7			
14	8:00 am	AA-Well		.7			
15	7:30 am	AA-Well		.7			
16	8:00 am	AA-Well		.7			
17				offline			
18-	7,20 am	A A AMell		offline			
19 20	7:30 am 7:30 am	AA-Well		.7			
21	8:00 am	AA-Well AA-Well		.7			
22	7:30 am	AA-Well		.7			
23	8:00 am	AA-Well		.7			
24	0.00 aiii	7/A-44CII		offline			
25				offline			
26	7:30 am	AA-Well		.7			
27	7:30 am	AA-Well		.7			
28	8:00 am	AA-Well		.7			
29	7:30 am	AA-Well		.7			
30	8:00 am	AA-Well		.7			
31				offline			
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 3,3			
			Did continuous monitoring equipment fail at any time this reporting month? Yes No		Date continuous monitoring equipment failed:		
Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until continuous monitoring equipment was returned to service? Yes No		ed to service?	/ / Date it was returned to service:	
			Attach grab sa	Itach grab sample results and submit them with this form.			
Printed I	Name: Mike	Gradgow of Ar a o	Title	e: Maintenance Supervisor	Operator Certification #:		
Signatur	re: ///	1 work	Pho	ne #: (541) 773-2988		OR	
Date: 0	Date: 08/04/2024					Small Groundwater System	