

**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 **12/2024**      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	7:30 am	AA-Well	.7	
3	8:00 am	AA-Well	.7	
4	8:00 am	AA-Well	.7	
5	8:00 am	AA-Well	.7	
6	7:30 am	AA-Well	.7	
7			offline	
8			offline	
9	8:00 am	AA-Well	.7	
10	7:30 am	AA-Well	.7	
11	8:00 am	AA-Well	.7	
12	8:00 am	AA-Well	.7	
13	7:30 am	AA-Well	.7	
14			offline	
15			offline	
16	8:00 am	AA-Well	.7	
17	7:30 am	AA-Well	.7	
18	8:00 am	AA-Well	.7	
19	8:00 am	AA-Well	.7	
20	7:30 am	AA-Well	.7	
21			offline	
22			offline	
23	8:00 am	AA-Well	.7	
24	7:30 am	AA-Well	.7	
25	8:00 am	AA-Well	.7	
26	8:00 am	AA-Well	.7	
27	7:30 am	AA-Well	.7	
28			offline	
29			offline	
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><b>GWS Serving 3,300 or Fewer</b></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"><b>GWS Serving More Than 3,300</b></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: _____ / _____ / _____                  Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: <u>Mike Glasgow</u> Signature:  Date: 01/06/2025	Title: Maintenance Supervisor Phone #: (541) 773-2988	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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