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: 01/2025 — 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	7:30 am	AA-Well	.7	
3	8:00 am	AA-Well	.7	
4	8:00 am	AA-Well	offline	
5	8:00 am	AA-Well	offline	
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	7:30 am	AA-Well	.7	
11	8:00 am	AA-Well	offline	
12	8:00 am	AA-Well	offline	
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	7:30 am	AA-Well	.7	
18	8:00 am	AA-Well	offline	
19	8:00 am	AA-Well	offline	
20	7:30 am	AA-Well	.7	
21	8:00 am	AA-Well	.7	
22	7:30 am	AA-Well	.7	
23	8:00 am	AA-Well	.7	
24	7:30 am	AA-Well	.7	
25	8:00 am	AA-Well	offline	
26	8:00 am	AA-Well	offline	
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	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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L?

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Mike Glasgow — Title: Maintenance Supervisor

Signature: Mike Glasgow — Phone #: (541) 773-2988

Date: 02 / 03 / 2025

Operator Certification #:

OR

Small Groundwater System ☐