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

System Name Rogue Valley Adven			tist Academy	PWS ID# 4 1 90722		
Month/	Year 02/	2025 Entry Po	int: EP-A	Required Minimum Residual .20 mg/L		
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L		Notes
1				offline	,	
2				offline		
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	8:00 am	AA-Well		.7		
8				offline		
9				offline		
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	8:00 am	AA-Well		.7		
15	0.00 0			offline		
16				offline		
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	8:00 am	AA-Welł		.7		
22	07000			offline		
23			.	offline		
24	7:30 am	AA-Well		.7	-	
25	8:00 am	AA-Well		.7		
26	8:00 am	AA-Well		.7		
27		AA-Well		.7		
28	8:00 am	AA-Well		.7		
29				offline		
30				offline		
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 3,300						
				<u> </u>		I
			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 ho continuous monitoring equipment was returned to Yes No			Date it was returned to service:
			Attach grab sample results and submit them with		with this form.	
Printed Name: Mites Clasgowy Title				: Maintenance Supervisor	Operator Certification #:	
Signatur	e: <i>V(</i>	my	Pho	ne #: (541) 773-2988	OR	
Date: 03	3/03/2025				Small G	roundwater System