

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    05/2025     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	8:00 am	AA-Well	.7	
2	7:30 am	AA-Well	.7	
3			offline	
4			offline	
5	7:30 am	AA-Well	.7	
6	8:00 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	8:00 am	AA-Well	.7	
14	8:00 am	AA-Well	.7	
15	8:00 am	AA-Well	.7	
16	7:30 am	AA-Well	.7	
17			offline	
18			offline	
19	7:30 am	AA-Well	.7	
20	8:00 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			offline	
25			offline	
26	7:30 am	AA-Well	.7	
27	8:00 am	AA-Well	.7	
28	8:00 am	AA-Well	.7	
29	8:00 am	AA-Well	.7	
30	7:30 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**

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 Glasco

Signature: 

Date: 06 / 02 / 2025

Title: Maintenance Supervisor

Phone #: (541) 773-2988

Operator Certification #:

OR

Small Groundwater System ☐