

**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    06/2025

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			offline	
2	7:30 am	AA-Well	.7	
3	8:00 am	AA-Well	.7	
4	7:30 am	AA-Well	.7	
5	7:30 am	AA-Well	.7	
6	8:00 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	7:30 am	AA-Well	.7	
13	8:00 am	AA-Well	.7	
14			offline	
15			offline	
16	7:30 am	AA-Well	.7	
17	8:00 am	AA-Well	.7	
18	7:30 am	AA-Well	.7	
19	7:30 am	AA-Well	.7	
20	8:00 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	7:30 am	AA-Well	.7	
27	8:00 am	AA-Well	.7	
28			offline	
29			offline	
30	7:30 am	AA-Well	.7	
31	8:00 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

Signature: 

Date: 07 / 02 / 2025

Title: Maintenance Supervisor

Phone #: (541) 773-2988

Operator Certification #:

OR

Small Groundwater System ☐