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 07/	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	8:00 am	AA-Well		.7	,	
2	7:30 am	AA-Well		.7		
3	8:00 am	AA-Well		.7		
4	7:30 am	AA-Well		.7		
5				offline		
6				offline		
7	7:30 am	AA-Well		.7		
8	8:00 am	AA-Weil		.7		
9	8:00 am	AA-Well		.7		
10	7:30 am	AA-Well		.7		
11	8:00 am	AA-Well		.7		
12				offline		
13				offline		
14	7:30 am	AA-Well		.7		
15	8:00 am	AA-Well		.7		
16	7:30 am	AA-Well		.7		
17	8:00 am	AA-Well		.7		
18	7:30 am AA-Well			.7		
19				offline		
20				offline		
21	7:30 am	AA-Well		.7		
22	8:00 am	AA-Well		.7		
23	8:00 am	AA-Well		.7		
24	7:30 am	AA-Well		.7		
25	8:00 am	AA-Well		.7		
26				offline		
27 28	7:30 am	AA-Well		offline .7		
29	8:00 am	AA-Weil		.7		
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 GWS Serving More Than 3,300						
If yes, did you monitor every four hours Did con				nuous monitoring equipment fail at any time this 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 hours until the continuous monitoring equipment was returned to service? Yes No			/ / Date it was returned to service:
			Attach grab sai	Attach grab sample results and submit them with this form.		1 1
Printed N	lame: Mike	Slarsgowell /	Title	e: Maintenance Supervisor	Operato	r Certification #:
Signature: ///// Colored F				ne #: (541) 773-2988	OR	
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Date: 08 / 01 / 2025 Small Groundwater System						