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   10/2025   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	8:00 am	AA-Well	.7	
4			offline	
5			offline	
6	7:30 am	AA-Well	.7	
7	7:30 am	AA-Well	.7	
8	8:00 am	AA-Well	.7	
9	7:30 am	AA-Well	.7	
10	8:00 am	AA-Well	.7	
11			offline	
12			offline	
13	8:00 am	AA-Well	.7	
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			offline	
19			offline	
20	7:30 am	AA-Well	.7	
21	7:30 am	AA-Well	.7	
22	8:00 am	AA-Well	.7	
23	7:30 am	AA-Well	.7	
24	8:00 am	AA-Well	.7	
25			offline	
26			offline	
27	8:00 am	AA-Well	.7	
28	7:30 am	AA-Well	.7	
29	8:00 am	AA-Well	.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 until the residual returned to _____ mg/L?	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 hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No	/ / Date it was returned to service:
	Attach grab sample results and submit them with this form.	/ /

Printed Name: Mike Glasgow

Signature: _____

Date: 11 / 04 / 2025

Title: Maintenance Supervisor

Phone #: (541) 773-2988

Operator Certification #:

OR

Small Groundwater System ☐