

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

System Name: **Lost Valley Educational Center** PWS ID# **41 94011**
 Month/Year: **FEB 2021** Entry Point: **A Lodge Sink** Required Minimum Residual: **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:30	LODGE SINK	1.4	SLE
2	3:55	LA " "	1.4	SLE
3	2:05	" "	1.4	SLE
4	2:15	" "	1.4	SLE
5		" "	1.4	SLE
6	4:45	" "	1.4	SLE
7	5:10	" "	1.4	SLE
8	5:20	" "	1.4	SLE
9	3:35	" "	1.3	SLE
10	2:35	" "	1.3	SLE FREEZE
11	2:70	" "	1.2	SLE 120L
12	2:10	" "	1.4	SLE
13	11:40	" "	1.4	SLE
14	4:40	" "	1.4	SLE
15	4:10	" "	1.4	SLE
16	2:55	" "	1.4	SLE
17	3:30	" "	1.4	SLE
18	2:20	" "	1.4	SLE
19	11:55	" "	1.4	SLE
20	12:20	" "	1.4	SLE
21	3:20	" "	1.4	SLE
22	4:05	" "	1.4	SLE
23	2:50	" "	1.3	SLE
24	12:55	" "	1.3	SLE Freeze?
25	4:10	" "	1.4	SLE
26	4:35	" "	1.4	SLE
27	3:15	" "	1.4	SLE
28	4:55	" "	1.4	SLE
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of **0.2 mg/L**? Yes No

If yes, what was the longest time period until the required level was restored? _____ hours - (**> 4 hours**, Drinking Water Program to be notified by end of next business day)

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to **0.2 mg/L** as required?
 Yes No

Attach these 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 as required?
 Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

1 1

Date it was returned to service:

1 1