

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

Lost Valley Educational Center

PWS ID# 41 94011

System Name

Month/Year

Entry Point: A

Required Minimum Residual

0.2 mg/L

March 2021

Lodge Sink

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	3:10	" "	1.4	SLE
3	3:15	" "	1.4	SLE
4	3:30	" "	1.4	SLE
5	2:20	" "	1.4	SLE
6	4:45	" "	1.4	SLE
7	4:00	" "	1.4	SLE
8	4:30	" "	1.4	SLE
9	5:40	" "	1.4	SLE
10	3:55	" "	1.4	SLE
11	2:10	" "	1.4	SLE
12	5:20	" "	1.4	SLE
13	11:05	" "	1.4	SLE
14	12:30	" "	1.4	SLE
15	5:30	" "	1.4	SLE
16	3:15	" "	1.4	SLE
17	2:50	" "	1.4	SLE
18	5:15	" "	1.4	SLE
19	5:30	" "	1.4	SLE
20	6:10	" "	1.4	SLE
21	11:00	" "	1.4	SLE
22	3:50	" "	1.4	SLE
23	6:15	" "	1.4	SLE
24	4:30	" "	1.4	SLE
25	3:40	" "	1.4	SLE
26	3:20	" "	1.4	SLE
27	3:40	" "	1.3	SLE Fill tank
28	2:30	" "	1.4	SLE
29	5:00	" "	1.4	SLE
30	5:00	" "	1.4	SLE
31	4:45	" "	1.4	SLE

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 - (≥ 4 hours, Drinking Water Program to be notified by end of next business day.)

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach these results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>
--	--	---