

**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: **JUNE 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	15	SLE
2	5:20	" "	14	SLE
3	5:40	" "	14	SLE
4	4:20	" "	14	SLE
5	4:00	" "	15	SLE
6	3:20	" "	14	SLE
7	5:30	" "	14	SLE
8	7:25	" "	14	SLE
9	6:30	" "	14	SLE
10	7:45	" "	13	SLE
11	8:40	" "	14	SLE PM-TANK
12	1:30	" "	14	SLE
13	4:20	" "	14	SLE
14	5:30	" "	14	SLE
15	11:30	" "	13	SLE
16	10:30	" "	14	SLE
17	4:30	" "	14	SLE
18	10:30	" "	14	SLE
19	2:00	" "	15	SLE
20	6:30	" "	15	SLE
21	11:00	" "	15	SLE
22	12:00	" "	15	SLE
23	2:30	" "	15	SLE
24	2:45	" "	15	SLE
25	3:10	" "	15	SLE
26	3:25	" "	15	SLE
27	4:45	" "	16	SLE
28	7:30	" "	15	SLE
29	7:00	" "	15	SLE
30	12:10	" "	15	SLE
31	4:30	" "	13	SLE

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 **mg/L as required**?
 Yes No
 Attach trace 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:
 / /
 Date it was returned to service:
 / /