

Monthly Disinfection Report for Ground Water Systems

Lost Valley Educational Center

PWS ID# 41 94011

System Name

Month/Year

July 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    | 7:30  | Lodge Sink       | 1.5  | SLF           |
| 2    | 5:10  | " "              | 1.4  | SLF           |
| 3    | 4:05  | " "              | 1.4  | SLF           |
| 4    | 6:00  | " "              | 1.4  | SLF           |
| 5    | 11:45 | " "              | 1.4  | SLF           |
| 6    | 3:20  | " "              | 1.4  | SLF fill tank |
| 7    | 4:30  | " "              | 1.4  | SLF           |
| 8    | 3:30  | " "              | 1.4  | SLF           |
| 9    | 4:00  | " "              | 1.4  | SLF           |
| 10   | 5:30  | " "              | 1.4  | SLF           |
| 11   | 12:00 | " "              | 1.3  | SLF           |
| 12   | 4:30  | " "              | 1.2  | SLF           |
| 13   | 4:45  | " "              | 1.3  | SLF           |
| 14   | 7:30  | " "              | 1.5  | SLF           |
| 15   | 4:45  | " "              | 1.4  | SLF           |
| 16   | 5:02  | " "              | 1.4  | SLF           |
| 17   | 9:30  | " "              | 1.4  | SLF           |
| 18   | 3:30  | " "              | 1.4  | SLF           |
| 19   | 3:10  | " "              | 1.4  | SLF           |
| 20   | 5:30  | " "              | 1.4  | SLF           |
| 21   | 12:40 | " "              | 1.3  | SLF fill tank |
| 22   | 12:05 | " "              | 1.3  | SLF           |
| 23   | 7:30  | " "              | 1.4  | SLF           |
| 24   | 4:10  | " "              | .4   | SD            |
| 25   | 5:30  | " "              | .4   | SD            |
| 26   | 3:15  | " "              | .4   | SD            |
| 27   | 6:00  | " "              | .4   | SD            |
| 28   | 7:30  | " "              | .4   | SD            |
| 29   | 3:00  | " "              | .4   | SD            |
| 30   | 2:30  | " "              | .3   | SD            |
| 31   | 3:00  | " "              | .2   | SD fill tank  |

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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving More Than 3,300

**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

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

Date continuous monitoring equipment failed:  
/ /

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Date it was returned to service:  
/ /

Attach these results and submit them with this form.

Attach grab sample results and submit them with this form.