

**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

10 / 21

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	2:00	Lodge Sink	.3	SD
2	3:00	Lodge Sink	.3	SD
3	1:15	" "	.3	SD
4	2:50	" "	.2	SD
5	3:20	" "	.3	SD
6	4:00	" "	.2	SD
7	2:30	" "	.2	fill tank SD
8	11:45	" "	.4	SD
9	12:10	" "	.4	SD
10	11:30	" "	.4	SD
11	1:45	" "	.4	SD
12	12:45	" "	.4	SD
13	1:30	" "	.4	SD
14	11:45	" "	.4	SD
15	12:00	" "	.3	SD
16	12:15	" "	.4	SD
17	12:00	" "	.4	SD
18	11:30	" "	.4	SD
19	1:10	" "	.3	SD
20	1:30	" "	.4	SD
21	1:00	" "	.3	SD
22	12:30	" "	.3	SD
23	12:00	" "	.4	SD
24	11:30	" "	.3	SD
25	12:00	" "	.3	SD
26	1:00	" "	.3	SD
27	12:30	" "	.3	SD
28	1:45	" "	.3	SD
29	2:00	" "	.3	SD
30	2:30	" "	.3	SD
31	1:45	" "	.3	SD

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

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

GWS Serving 3,300 or Fewer

If yes, what was the longest time period until the required level was restored? _____ hours

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

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

Date continuous monitoring equipment failed: _____ / _____ / _____

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.