

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: **2 / 2022**

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	1:30	Lodge Sink	.4	SD
2	12:10	" "	.4	SD
3	12:05	" "	.4	SD
4	1:10	" "	.4	SD
5	12:45	" "	.4	SD
6	1:30	" "	.4	SD
7	1:20	" "	.5	SD
8	1:40	" "	.4	SD
9	1:50	" "	.4	SD
10	11:30	" "	.4	SD
11	12:10	" "	.4	SD
12	12:00	" "	.4	SD
13	12:50	" "	.3	SD
14	1:00	" "	.3	SD
15	1:30	" "	.4	SD
16	11:45	" "	.3	SD
17	12:00	" "	.3	SD
18	11:50	" "	.3	SD
19	12:30	" "	.3	SD
20	11:30	" "	.4	SD
21	10:45	" "	.4	SD
22	1:45	" "	.3	SD
23	12:00	" "	.4	SD
24	11:50	" "	.4	SD
25	10:50	" "	.4	SD
26	11:10	" "	.4	SD
27	12:45	" "	.3	SD
28	1:30	" "	.4	SD
29				
30				
31				

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.)

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

GWS Serving More Than 3,300
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: _____