

**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 12/22 Entry Point: A

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	3:45	Lodge sink	.4	SLF
2	3:45	" "	.4	SB
3	11:00	BARN SINK	.4	SB
4	10 AM	" "	.4	SB
5	11 AM	" "	.4	SB
6	10 AM	" "	.4	SB
7	9 AM	" "	.4	SB
8	11 AM	" "	.4	SB
9	10 AM	" "	.4	SB
10	11 AM	" "	.4	SB
11	11 AM	" "	.4	SB
12	11 AM	" "	.4	SB
13	9 AM	" "	.4	SB
14	8 AM	" "	.4	SB
15	7 AM	" "	.4	SB
16	2 AM	" "	.4	SB
17	9 AM	" "	.4	SB
18	9 AM	" "	.4	SB
19	10 AM	" "	.4	SB
20	9 AM	" "	.4	SB
21	8 AM	" "	.4	SB
22	8 AM	" "	.4	SB
23	7 AM	" "	.4	SB
24	7 AM	" "	.4	SB
25	9 AM	" "	.4	SB
26	9 AM	" "	.4	SB
27	9 AM	" "	.4	SB
28	9 AM	" "	.4	SB
29	10 AM	" "	.4	SB
30	10 AM	" "	.4	SB
31	9 AM	" "	.4	SB

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 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: _____ / _____ / _____

Attach those results and submit them with this form.

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 grab sample results and submit them with this form.