

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **LOST VALLEY CENTER**

PWS ID# 41

Month/Year **05/23**

Entry Point: **LODGE SINK**

Required Minimum Residual **.2** mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11 AM	LODGE SINK	.4	SB
2	10 AM	" "	.4	SB
3	11 AM	" "	.4	SB
4	11 AM	" "	.4	SB
5	11 AM	" "	.4	SB
6	9 AM	" "	.4	SB
7	7 AM	" "	.4	SB
8	11 AM	" "	.4	SB
9	7 AM	" "	.4	SB
10	7 AM	" "	.4	SB
11	7 AM	" "	.4	SB
12	7 AM	" "	.4	SB
13	7 AM	" "	.4	SB
14	7 AM	" "	.4	SB
15	7 AM	" "	.4	SB
16	9 AM	" "	.4	SB
17	8 AM	" "	.4	SB
18	7 AM	" "	.4	SB
19	7 AM	" "	.4	SB
20	10 AM	" "	.4	SB
21	7 AM	" "	.4	SB
22	11 AM	" "	.45	MD
23	8 PM	" "	.4	SB
24	11 AM	" "	.4	SB
25	7 AM	" "	.4	SB
26	3 PM	" "	.4	SB
27	7 AM	" "	.4	SB
28	7 AM	" "	.4	SB
29	9 AM	" "	.4	SB
30	3 PM	" "	.4	SB
31	1 PM	" "	.4	MD

Was the chlorine residual ever less than the required minimum residual of **.2** 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 notified by end of next business day.

<p>GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: _____ Signature: _____ Date: ____ / ____ / ____	Title: _____ Phone #: () _____	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.