

**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 **06/2023** 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 AM	LODGE SINK	.4	SB
2	12 PM	" "	.4	SB
3	9 AM	" "	.4	SB
4	7 AM	" "	.3	SB
5	7 AM	" "	.3	SB
6	8 AM	" "	.3	SB
7	2 PM	" "	.4	SB
8	6 AM	" "	.5	SB
9	8 AM	" "	.4	SB
10	8 AM	" "	.5	SB
11	7 AM	BARN SINK	.5	SB
12	7 AM	" "	.5	SB
13	7 AM	" "	.5	SB
14	2 PM	" "	.4	SB
15	7 AM	" "	.4	SB
16	7 AM	" "	.5	SB
17	9 AM	" "	.4	SB
18	8 AM	" "	.4	SB
19	9 AM	" "	.4	SB
20	9 AM	" "	.4	SB
21	9 AM	" "	.4	SB
22	11 AM	" "	.4	SB
23	11 AM	" "	.5	SB
24	7 AM	" "	.5	SB
25	7 AM	" "	.4	SB
26	7 AM	" "	.4	SB
27	7 AM	" "	.4	SB
28	9 AM	" "	.5	SB
29	7 AM	" "	.5	SB
30	11 AM	" "	.4	SB
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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 Process 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 three 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.