

**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 07/23 Entry Point: A	Required Minimum Residual 0.2 mg/L
BARN SINK	

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

Attach those results and submit them with this form.

GWS Serving More Than 3,300
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

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /