

**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 **09/23** 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	8 AM	BARN SINK	.4	SB
2	7 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	9 AM	" "	.4	SB
9	9 AM	" "	.4	SB
10	9 AM	" "	.4	SB
11	7 AM	" "	.4	SB
12	11 AM	" "	.4	SB
13	11 AM	" "	.4	SB
14	10 AM	" "	.4	SB
15	9 AM	" "	.4	SB
16	10 AM	" "	.4	SB
17	10 AM	" "	.4	SB
18	9 AM	" "	.4	SB
19	9 AM	" "	.4	SB
20	9 AM	" "	.4	SB
21	9 AM	" "	.4	SB
22	11 AM	" "	.4	SB
23	7 AM	" "	.4	SB
24	7 AM	" "	.4	SB
25	8 AM	" "	.4	SB
26	11 AM	" "	.4	SB
27	9 AM	" "	.4	SB
28	7 AM	" "	.4	SB
29	7 AM	" "	.4	SB
30	7 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 - **> 4 hours. Drinking Water Program to be notified by end of next business day.**

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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