

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

System Name LOST VALLEY CENTER

PWS ID# 4194011

Month/Year 01/24 Entry Point: A

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	7AM	BUILDING 15	.4	SB
2	8AM	" "	.4	SB
3	7AM	" "	.4	SB
4	7AM	" "	.4	SB
5	7AM	" "	.4	SB
6	10AM	" "	.4	SB
7	9AM	" "	.4	SB
8	7AM	" "	.4	SB
9	8AM	" "	.4	SB
10	8AM	" "	.4	SB
11	8AM	" "	.4	SB
12	8AM	" "	.4	SB
13	8AM	" "	.4	SB
14	10AM	" "	.4	SB
15	9AM	" "	.4	SB
16	7AM	" "	.4	SB
17	6AM	" "	.4	SB
18	7AM	" "	.4	SB
19	7AM	" "	.4	SB
20	8AM	" "	.4	SB
21	7AM	" "	.4	SB
22	9AM	" "	.4	SB
23	9AM	" "	.4	SB
24	10AM	" "	.4	SB
25	6AM	" "	.4	SB
26	7AM	" "	.4	SB
27	7AM	" "	.4	SB
28	6AM	" "	.4	SB
29	6AM	" "	.4	SB
30	6AM	" "	.4	SB
31	7AM	" "	.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.

<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: SAM BASCOM Title: MAINT. STAFF Operator Certification #: _____
 Signature: Sam Bascom Phone #: () 541-525-3095 OR
 Date: 05/02/2024 Small Groundwater System

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.