

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

System Name **LOST VALLEY CENTER**  
Month/Year **04/24** Entry Point: **A**

PWS ID# **4194011**  
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	7 AM	BUILDING 15	.7	SB
2	9 AM	" "	.4	SB
3	9 AM	" "	.4	SB
4	9 AM	" "	.4	SB
5	8 AM	" "	.4	SB
6	7 AM	" "	.4	SB
7	7 AM	" "	.4	SB
8	7 AM	" "	.4	SB
9	7 AM	" "	.4	SB
10	8 AM	" "	.3	SB
11	9 AM	" "	.3	SB
12	10 AM	" "	.3	SB
13	11 AM	" "	.3	SB
14	7 AM	" "	.3	SB
15	9 AM	" "	.3	SB
16	7 AM	" "	.3	SB
17	7 AM	" "	.3	SB
18	9 AM	" "	.4	SB
19	9 AM	" "	.4	SB
20	11 AM	" "	.4	SB
21	1 PM	" "	.4	SB
22	9 AM	" "	.4	SB
23	8 AM	" "	.4	SB
24	3 PM	" "	.2	SLF
25	1:30	" "	.4	SLF
26	3:00	" "	.3	SLF
27	11:00	" "	.2	SLF
28	9:00	" "	.3	SB
29	7:00	" "	.4	SB
30	7:00	" "	.4	SB
31				

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 be notified by end of next business day.

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

Printed Name: **Sam Bascom** Title: **MAINT. TEAM** Operator Certification #: \_\_\_\_\_  
Signature: *Sam Bascom* Phone #: ( ) \_\_\_\_\_ OR \_\_\_\_\_  
Date: **5/6/2024** **541-525-3095** Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.