

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

System Name **LOST VALLEY CENTER** PWS ID# **4194011**
 Month/Year **06/24** 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	10AM	BLDG. 15	.4	SS
2	10AM	" "	.4	SS
3	10AM	" "	.4	SS
4	9AM	" "	.4	SS
5	10AM	" "	.4	SS
6	11AM	" "	.4	SS
7	9AM	" "	.4	SS
8	10AM	" "	.4	SS
9	10AM	" "	.4	SS
10	7AM	" "	.4	SS
11	7AM	" "	.4	SS
12	5AM	" "	.4	SS
13	9AM	" "	.4	SS
14	9AM	" "	.4	SS
15	8AM	" "	.4	SS
16	8AM	" "	.4	SS
17	7AM	" "	.4	SS
18	11AM	" "	.4	SS
19	9AM	" "	.4	SS
20	9AM	" "	.4	SS
21	7AM	" "	.4	SS
22	7AM	" "	.4	SS
23	7AM	" "	.4	SS
24	10AM	" "	.4	SS
25	9AM	" "	.4	SS
26	8AM	" "	.4	SS
27	7AM	" "	.4	SS
28	8AM	" "	.4	SS
29	7AM	" "	.4	SS
30	8AM	" "	.4	SS
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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 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 SASCOM** Title: **MAINT. STAFF** Operator Certification #: _____
 Signature: *[Signature]* Phone #: () _____ OR _____
 Date: **07/08/2024** **541-525-3095** 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.