

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

System Name <b>LOST VALLEY CENTER</b>	PWS ID# <b>4194011</b>
Month/Year <b>07/24</b> Entry Point: <b>A</b>	Required Minimum Residual <b>.2 mg/L</b>

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10 AM	BLDG. 15	.4	83
2	9 AM	" "	.4	83
3	7 AM	" "	.4	83
4	7 AM	" "	.4	83
5	7 AM	" "	.4	83
6	8 AM	" "	.4	83
7	10 AM	" "	.4	83
8	9 AM	" "	.4	83
9	7 AM	" "	.3	83
10	6 AM	" "	.3	83
11	9 AM	" "	.4	83
12	10 AM	" "	.4	83
13	11 AM	" "	.3	83
14	9 AM	" "	.3	83
15	7 AM	" "	.3	83
16	10 AM	" "	.3	83
17	9 AM	" "	.3	83
18	11 AM	" "	.3	83
19	10 AM	" "	.3	83
20	9 AM	" "	.3	83
21	7 AM	" "	.3	83
22	7 AM	" "	.4	83
23	7 AM	" "	.4	83
24	8 AM	" "	.4	83
25	7 AM	" "	.4	83
26	9 AM	" "	.4	83
27	11 AM	" "	.4	83
28	9 AM	" "	.4	83
29	8 AM	" "	.4	83
30	7 AM	" "	.4	83
31	8 AM	" "	.4	83

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><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                  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: <b>SAM BASCOM</b>	Title: <b>MAINT. STAFF</b>	Operator Certification #:
Signature: <i>[Signature]</i>	Phone #: ( ) <b>541-525-3095</b>	OR
Date: <b>08/05/2024</b>		Small Groundwater System <input type="checkbox"/>

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.