

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

System Name LOST VALLEY CENTER PWS ID# 4194011  
 Month/Year 10/24 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	9AM	BLDG. 15	.4	SB
2	7AM	" "	.4	SB
3	7AM	" "	.4	SB
4	8AM	" "	.3	SB
5	7AM	" "	.3	SB
6	7AM	" "	.3	SB
7	9AM	" "	.3	SB
8	7AM	" "	.3	SB
9	9AM	" "	.3	SB
10	9AM	" "	.3	SB
11	10AM	" "	.3	SB
12	9AM	" "	.3	SB
13	9AM	" "	.3	SB
14	9AM	" "	.3	SB
15	7AM	" "	.3	SB
16	7AM	" "	.3	SB
17	7AM	" "	.3	SB
18	7AM	" "	.3	SB
19	8AM	" "	.3	SB
20	9AM	" "	.3	SB
21	11AM	" "	.3	SB
22	1:11PM	" "	.2	SLF + SALT
23	6:00PM	" "	.2	SLF
24	6:10	" "	.3	SLF
25	2:30	" "	.2	SLF + SALT
26	1:28	" "	.2	SLF
27	6:00	" "	.2	SLF
28	4:30	" "	.3	SLF - Fill tank + salt
29	12:53	" "	.4	SLF 1/4 bag to line
30	12:05	" "	.4	SLF - salt 1 bag
31	3:20	" "	.4	SLF

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 <u>mg/L</u> 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: Sharon Lee Frantz Title: monitor Operator Certification #: N/A  
 Signature: [Signature] Phone #: ( ) 503 354 7591 OR  
 Date: / 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.