

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

System Name Lost Valley Center  
Month/Year 11/24 Entry Point: A

PWS ID# 41 94011  
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	1:45	Building 15	1.4	SLE
2	4:00	" "	1.4	SLE
3	2:07	" "	1.3	SLE + 1 bag Salt
4	3:05	" "	1.3	SLE
5	4:00	" "	1.3	SLE 1/2 Bag Salt
6	2:00	" "	1.4	SLE
7	12:40	" "	1.3	SLE 1/2 bag Salt
8	4:45	" "	1.4	SLE
9	1:30	" "	1.4	SLE 1/2 bag Salt
10	1:00	" "	1.3	SLE 1/2 bag Salt
11	6:15	" "	1.4	SLE
12	1:00	" "	1.4	SLE 1/2 bag salt
13	1:15	" "	1.4	SLE 1/2 bag salt
14	1:00	" "	1.4	SLE
15	2:00	" "	1.4	SLE
16	2:30	" "	1.4	SLE 1 bag Salt
17	12:45	" "	1.4	SLE
18	3:00	" "	1.3	SLE
19	3:30	" "	1.4	SLE 1 bag salt
20	3:45	" "	1.3	SLE
21	3:00	" "	1.4	SLE 1 bagsalt
22	12:30	" "	1.3	SLE
23	12:30	" "	1.3	SLE 1/2 bag
24	1:30	" "	1.3	SLE 1/2 bag
25	10:49	" "	1.4	FHL
26	1:45	" "	1.4	SLE 1/2 bag
27	3:50	" "	1.3	SLE 1/4 bag
28	2:30	" "	1.3	SLE 1/4 bag
29	2:00	" "	1.3	SLE
30	1:49	" "	1.3	SLE
31	<del>5:00</del>			

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.

**GWS Serving 3,300 or Fewer**  
If yes, did you monitor every four hours until the residual returned to mg/L as required?  Yes  No  
Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: 1/1  
Date it was returned to service: 1/1

Printed Name: SHARON FRANTZ Title: collector  
Signature: Sharon Frantz Phone #: (503) 354-7591  
Date: 12/2/2024

Operator Certification #: \_\_\_\_\_  
OR  
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.