

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

System Name LOST VALLEY CENTER PWS ID# 41 94011  
 Month/Year 3 1 2025 Entry Point: A Required Minimum Residual .2 mg/L

100  
liters

80  
liters

Full  
tank

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:45	Building 15	1.4	SLE 1/2 bag
2	5:30	" "	1.3	SLE 1/2 bag
3	3:05	" "	1.3	SLE 1/2 bag
4	12:30	" "	1.3	SLE 1/2 bag
5	3:30	" "	1.3	SLE 1/2 bag
6	3:15	" "	1.3	SLE 1/2 bag
7	7:30	" "	1.3	SLE 1/2 bag
8	10:30	" "	1.3	SLE 1/2 bag
9	4:30	" "	1.3	SLE 1/2 bag
10	5:45	" "	1.4	SLE 1/2 bag
11	6:40	" "	1.3	SLE 1/2 bag
12	2:30	" "	1.3	SLE 1/2 bag
13	4:50	" "	1.3	SLE 1/2 bag
14	3:15	" "	1.4	SLE 1/2 bag
15	5:00	" "	1.3	SLE 1/2 bag
16	3:45	" "	1.3	SLE 1/2 bag
17	4:15	" "	1.4	SLE 1/2 bag
18	7:15	" "	1.4	SLE 1/2 bag
19	4:00	" "	1.4	SLE 1/2 bag
20	12:10	" "	1.4	SLE 1/2 bag
21	4:15	" "	1.4	SLE 1/2 bag
22	4:30	" "	1.4	SLE 1/2 bag
23	5:00	" "	1.4	SLE 1/2 bag
24	3:00	" "	1.4	SLE 1/2 bag
25	11:15	" "	1.4	SLE 1/2 bag
26	6:00	" "	1.4	SLE 1/2 bag
27	4:15	" "	1.4	SLE 1/2 bag
28	5:00	" "	1.3	SLE 1/2 bag
29	5:30	" "	1.4	SLE 1/2 bag
30	6:15	" "	1.4	SLE 1/2 bag
31	7:00	" "	1.4	SLE 1/2 bag

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: \_\_\_\_\_

Date it was returned to service: \_\_\_\_\_

Printed Name: SHARON FRANTZ Title: MONITOR

Signature: Sharon Frantz Phone #: ( ) \_\_\_\_\_

Date: 4 2 1 2025 503 354 7591

Operator Certification #: \_\_\_\_\_

OR

Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dpw.dmce@odhsosha.oregon.gov](mailto:dpw.dmce@odhsosha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019