

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

System Name LOST VALLEY EVENT CENTER PWS ID# 41 9410 
 Month/Year 4 1 2025 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	4:00	Building 15	.4	SLF 1/2 bag
2	4:45	" "	.4	SLF 1/2 bag
3	6:00	" "	.6	SLF
4	4:15	" "	.3	SLF 1/2 bag
5	4:30	" "	.3	SLF 1/2 bag
6	5:30	" "	.3	SLF
7	6:00	" "	.4	SLF 1/2 bag
8	4:20	" "	.4	SLF
9	5:20	" "	.4	SLF 1/2 bag
10	5:15	" "	.4	SLF
11	4:45	" "	.4	SLF 1/2 bag
12	4:00	" "	.4	SLF 1/2 bag
13	1:00	" "	.4	SLF
14	7:30	" "	.4	SLF
15	7:20	" "	.4	SLF 1/2 bag
16	6:00	" "	.3	SLF
17	12:00	" "	.3	SLF 1/2 bag
18	11:00	" "	.4	SLF 1/2 bag
19	5:30	" "	.4	SLF 1/2 bag
20	4:20	" "	.4	SLF 1/3 bag
21	1:30	" "	.4	SLF
22	6:10	" "	.4	SLF 1/2 bag
23	7:00	" "	.4	SLF
24	1:00	" "	.3	SLF 1/2 bag
25	2:00	" "	.3	SLF
26	4:30	" "	.3	SLF 1/2 bag
27	4:00	" "	.4	SLF 1/2 bag
28	6:45	" "	.4	SLF 1/3 bag
29	5:30	" "	.3	SLF 1/3 bag
30	12:30	" "	.4	SLF 1/3 bag
31				

Fill tank

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 #: (503) 354-7591
 Date: 5/2/2025

Operator Certification #: _____

OR

Small Groundwater System ☒

Return by 10th of following month by either email dlwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019