

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

System Name Lost Valley Center PWS ID# 41 94011
 Month/Year 5/2025 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	4:05	Building 15	14	SLF 1/2 bag
2	4:15	" "	14	SLF
3	7:30	" "	15	SLF 3/4 bag
4	2:50	" "	14	SLF
5	3:15	" "	13	SLF
6	4:15	" "	13	SLF 1/2 bag
7	12:30	" "	13	SLF 1/2 bag
8	5:00	" "	13	SLF
9	10:45	" "	13	SLF
10	2:00	" "	14	SLF 1/2 bag
11	3:45	" "	14	SLF 1/2 bag
12	3:30	" "	14	SLF 1/2 bag
13	4:00	" "	14	SLF 1/2 bag
14	3:15	" "	14	SLF 1 Bag
15	4:30	" "	14	SLF 12
16	3:15	" "	14	SLF
17	4:05	" "	14	SLF 1/2 bag
18	6:30	" "	14	SLF 1/2 bag
19	3:20	" "	14	SLF
20	11:20	" "	15	SLF 1/2 bag
21	12:45	" "	14	SLF 1/2 bag
22	3:45	" "	14	SLF 1/2 bag
23	3:15	" "	14	SLF
24	2:00	" "	14	SLF 1/2 bag
25	11:00	" "	14	SLF 1/2 bag
26	2:45	" "	14	SLF
27	3:00	" "	14	SLF 1/2 bag
28	8:45	" "	14	SLF
29	4:00	" "	14	SLF 1/2 bag
30	2:30	" "	14	SLF 1/2 bag
31	4:10	" "	14	SLF

1600L
↓
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: Sharon Frantz Title: monitor Operator Certification #: _____
 Signature: Sharon Frantz Phone #: (503) 354 7591 OR
 Date: 6/03/2025 Small Groundwater System ☒

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