

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

System Name LOST VALLEY CENTER

PWS ID# 41 94011

Month/Year JUNE 2025 Entry Point: A

Required Minimum Residual 1.2 mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-------|------------------|--|-------------|
| 1 | 7:20 | Building 15 | 1.4 | SLE 1/2 bag |
| 2 | 3:50 | " " | 1.3 | SLE 1/4 bag |
| 3 | 3:00 | " " | 1.3 | SLE 1/2 bag |
| 4 | 3:30 | " " | 1.3 | SLE 1/2 bag |
| 5 | 4:40 | " " | 1.3 | SLE 1/2 bag |
| 6 | 5:45 | " " | 1.3 | SLE |
| 7 | 10:45 | " " | 1.3 | SLE |
| 8 | 3:30 | " " | 1.2 | SLE 1/2 bag |
| 9 | 12:45 | " " | 1.4 | SLE 1/3 |
| 10 | 1:45 | " " | 1.5 | SLE |
| 11 | 2:45 | " " | 1.4 | SLE 1/2 bag |
| 12 | 6:15 | " " | 1.4 | SLE |
| 13 | 4:30 | " " | 1.4 | SLE |
| 14 | 12:30 | " " | 1.3 | SLE 1/2 bag |
| 15 | 3:00 | " " | 1.3 | SLE 1/2 bag |
| 16 | 2:15 | " " | 1.3 | SLE |
| 17 | 1:10 | " " | 1.4 | SLE 1 bag |
| 18 | 11:40 | " " | 1.3 | SLE 1/2 bag |
| 19 | 11:45 | " " | 1.3 | SLE 1/2 bag |
| 20 | 11:30 | " " | 1.3 | SLE |
| 21 | 11:30 | " " | 1.45 | SLE 1/2 bag |
| 22 | 1:45 | " " | 1.45 | SLE |
| 23 | 2:15 | " " | 1.45 | SLE 1/2 bag |
| 24 | 1:30 | " " | 1.5 | SLE 1/2 bag |
| 25 | 2:30 | " " | 1.45 | SLE 1/2 bag |
| 26 | 2:45 | " " | 1.4 | SLE 1/2 bag |
| 27 | 2:00 | " " | 1.4 | SLE 1/2 bag |
| 28 | 5:00 | " " | 1.4 | SLE |
| 29 | 8:00 | " " | 1.4 | SLE 1/2 bag |
| 30 | 11:15 | " " | 1.4 | SLE 1/2 bag |
| 31 | | | | |

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: 7/07/2025

Operator Certification #: _____

OR

Small Groundwater System ☒

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

August 22, 2019