

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

System Name Lost Valley Center PWS ID# 41 94011  
 Month/Year July, 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	7:45	Building 15	1.5	SLF 1/2 bag
2	6:30	" "	1.3	SLF 1/2 bag
3	3:30	" "	1.4	SLF
4	5:45	" "	1.4	SLF 1/2 bag
5	8:30	" "	1.4	SLF 1/4 bag
6	2:45	" "	1.3	SLF 1/4 bag
7	8:30	" "	1.3	SLF
8	8:30	" "	1.3	SLF
9	2:50	" "	1.2	SLF 1 Bag
10	9:00	" "	1.3	SLF 1 Bag
11	2:58	" "	1.3	SLF
12	8:00	" "	1.35	SLF
13	9:15	" "	1.35	SLF 1 bag
14	8:45	" "	1.3	SLF 1/2 bag
15	8:00	" "	1.3	SLF
16	11:00	" "	1.3	SLF
17	8:30	" "	1.3	SLF 1/2 bag
18	8:15	" "	1.3	SLF 1 bag
19	8:30	" "	1.4	SLF
20	2:00	" "	1.4	SLF
21	8:45	" "	1.3	SLF 1 BAG
22	11:30	" "	1.4	SLF
23	12:30	" "	1.3	SLF
24	1:00	" "	1.3	SLF
25	9:00	" "	1.3	SLF 1 BAG
26	5:20	" "	1.4	SLF 1 BAG
27	4:30	" "	1.4	SLF
28	9:00	" "	1.3	SLF 1/2 BAG
29	8:30	" "	1.3	SLF
30	10:45	" "	1.3	SLF 1/2 BAG
31	4:30	" "	1.3	SLF

Fill chlorine tank

Fill chlorine tank

Let water run

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: 8/2/2025

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

OR

Small Groundwater System ☐

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