

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

System Name LOST VALLEY CENTER

PWS ID# 41 94011

Month/Year Aug 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	8:15	Building 15	1.3	SLE 1 BAG
2	7:30	" "	1.3	SLE
3	7:30	" "	1.3	SLE 1 BAG
4	5:00	" "	1.4	SLE
5	5:45	" "	1.4	SLE
6	11:45	" "	1.4	SLE 1/2 bag
7	4:00	" "	1.3	SLE 1/2 bag
8	3:00	" "	1.4	SLE
9	1:30	" "	1.4	SLE
10	12:30	" "	1.4	SLE 1 BAG
11	8:00	" "	1.4	SLE
12	8:15	" "	1.2	SLE
13	4:15	" "	1.3	SLE 1 BAG
14	5:15	" "	1.4	SLE 1 BAG
15	5:15	" "	1.4	SLE
16	12:30	" "	1.4	SLE 1/2 bag
17	7:30	" "	1.4	SLE 1/2 bag
18	2:30	" "	1.5	SLE
19	7:00	" "	1.5	SLE
20	12:00	" "	1.4	SLE 1/2 bag
21	7:30	" "	1.4	SLE 1/2 Bag
22	6:30	" "	1.4	SLE
23	11:00	" "	1.4	SLE
24	11:00	" "	1.4	SLE
25	11:45	" "	1.3	SLE 2 BAGS
26	11:40	" "	1.4	SLE
27	11:30	" "	1.3	SLE
28	11:45	" "	1.3	SLE 1 BAG
29	8:15	" "	1.3	SLE 1 BAG
30	8:00	" "	1.3	SLE
31	8:30	" "	1.3	SLE

Fill tank

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

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

Signature: Sharon Frantz

Phone #: (503) 354-7591

OR

Date: 9/2/2025

Small Groundwater System ☒

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

August 22, 2019