State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Lost Valley Center — PWS ID#: 41 94011

Month/Year: 9 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	9:30	Building 15	.3	SLF 1 Bag
2	7:30	" "	.3	SLF
3	11:00	" "	.3	SLF
4	1:45	" "	.2	SLF 1/2 Bag
5	5:00	" "	.3	SLF 1/2 Bag
6	4:00	" "	.3	SLF 1/4 Bag
7	7:30	" "	.3	SLF
8	10:00	" "	.3	SLF 1/2 bag
9	9:30	" "	.3	SLF 1/2 bag
10	3:30	" "	.4	SLF 1/2 bag
11	5:00	" "	.4	SLF 1/2 bag
12	12:00	" "	.4	SLF
13	11:30	" "	.3	SLF 1/2 bag
14	5:30	" "	.2	SLF
15	3:30	" "	.3	SLF
16	7:00	" "	.3	SLF 1 Bag
17	11:30	" "	.4	SLF
18	4:00	" "	.4	SLF 1/2 bag
19	12:00	" "	.4	SLF
20	5:45	" "	.3	SLF 1/2 Bag
21	2:30	" "	.3	SLF 1/2 bag
22	10:30	" "	.4	SLF 1/2 bag
23	4:30	" "	.4	SLF "
24	2:45	" "	.5	SLF 1/2 bag
25	9:00	" "	.4	SLF 1/2 bag
26	4:45	" "	.5	SLF
27	10:45	" "	.4	SLF 1/2 bag
28	4:30	" "	.4	SLF 1/2 bag
29	12:15	" "	.5	SLF 1/2 bag
30	11:00	" "	.4	SLF 1/2 bag
31				

100L fill tank 10:00

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: 10/02/2025

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.