

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

System Name LOST VALLEY CENTER

PWS ID# 41 94011

Month/Year 10/2025 Entry Point: A

Required Minimum Residual 12 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:00	Building 15	1.4	SLE 1/2 bag
2	3:32	" "	1.3	SLE
3	3:45	" "	1.4	SLE 1/2 bag
4	2:30	" "	1.5	SLE 1/2 bag
5	2:00	" "	1.4	SLE 1/2 bag
6	2:30	" "	1.4	SLE 1/2 bag
7	12:45	" "	1.4	SLE 1/4 bag
8	12:00	" "	1.4	SLE 1/4 bag
9	2:45	" "	1.4	SLE 1/2 bag
10	3:00	" "	1.4	SLE 1/2 bag
11	12:00	" "	1.4	SLE 1/2 bag
12	2:30	" "	1.4	SLE 1/2 bag
13	10:40	" "	1.4	SLE 1/2 bag
14	3:15	" "	1.4	SLE 1/2 bag
15	2:45	" "	1.4	SLE 1/2 bag
16	4:45	" "	1.4	SLE 1 BAG
17	5:00	" "	1.35	SLE
18	5:00	" "	1.35	SLE 1/2 bag
19	6:15	" "	1.3	SLE 1/2 bag
20	7:30	" "	1.4	SLE
21	11:58	" "	1.4	SLE 1/2 bag
22	5:00	" "	1.4	SLE 1/2 bag
23	9:45	" "	1.3	SLE
24	11:45	" "	1.4	SLE 1/2 bag
25	4:00	" "	1.4	SLE 1/2 bag
26	11:45	" "	1.4	SLE 1/2 bag
27	2:00	" "	1.4	SLE 1/2 bag
28	11:45	" "	1.4	SLE 1/2 bag
29	4:30	" "	1.4	SLE 1/2 bag
30	2:00	" "	1.4	SLE 1/2 bag
31	12:15	" "	1.4	SLE 1/2 bag

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: 11/09/2025

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

OR

Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dwp\\_dmce@odhsoha.oregon.gov](mailto: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