

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	.7	SLF 1/2 bag
2	3:33	" "	1.3	SLF
3	2:45	" "	1.4	SLF 1/2 bag
4	2:30	" "	1.5	SLF 1/2 bag
5	2:00	" "	1.7	SLF 1/2 bag
6	2:30	" "	1.4	SLF 1/2 bag
7	12:45	" "	1.4	SLF 1/2 bag
8	12:15	" "	1.4	SLF 1/4 bag
9	2:45	" "	1.4	SLF 1/4 bag
10	3:00	" "	1.4	SLF 1/2 bag
11	12:00	" "	1.4	SLF 1/2 bag
12	2:30	" "	1.4	SLF
13	10:40	" "	1.4	SLF 1/2 bag
14	11:15	" "	1.4	SLF 1/2 bag
15	2:45	" "	1.4	SLF 1/2 bag
16	4:45	" "	1.4	SLF 1/3 bag
17	5:45	" "	1.35	SLF
18	5:45	" "	1.35	SLF 1/2 bag
19	6:15	" "	1.35	SLF 1/2 bag
20	7:10	" "	1.4	SLF
21	11:57	" "	1.4	SLF 1/2 bag
22	5:00	" "	1.4	SLF 1/2 bag
23	7:45	" "	1.3	SLF
24	1:45	" "	1.4	SLF 1/2 bag
25	4:00	" "	1.4	SLF 1/2 bag
26	11:45	" "	1.4	SLF 1/2 bag
27	2:00	" "	1.4	SLF 1/2 bag
28	11:45	" "	1.4	SLF 1/2 bag
29	4:12:00	" "	1.4	SLF
30	2:15	" "	1.4	SLF 1/2 bag
31	12:15	" "	1.4	SLF 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**

Operator Certification #:

Signature: **Sharon Frantz**

Phone #: (503) 354 7591

OR

Date: **11/09/2025**

Small Groundwater System

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