

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

System Name LOST VALLEY CENTER

PWS ID# 41 94011



Month/Year 11 1205 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	16:00	BUDG 15	.5	1 BAG SALT
2	3:00	" "	1.3	SLE
3	4:00	" "	1.3	SLE
4	4:15	" "	1.3	SLE
5	4:30	" "	1.3	SLE 1 BAG
6	2:30	" "	1.3	SLE 1/2 bag
7	4:45	" "	1.3	SLE 1/2 bag
8	11:10	" "	1.35	SLE 1/2 Bag
9	3:30	" "	1.35	SLE 1/4 bag
10	4:30	" "	1.3	SLE 1/4 bag
11	11:30	" "	1.3	SLE
12	5:00	" "	1.3	SLE
13	6:10	" "	1.4	SLE 1 BAG
14	3:45	" "	1.4	SLE 1 BAG
15	3:15	" "	1.3	SLE
16	3:30	" "	1.2	SLE 1/2 bag
17	4:30	" "	1.35	SLE 1/2 bag
18	4:15	" "	1.35	SLE 1/2 bag
19	12:30	" "	1.4	SLE 1/2 bag
20	3:45	" "	1.75	SLE 1/2 bag
21	12:30	" "	1.4	SLE 1/2 bag
22	4:45	" "	1.4	SLE 1/2 bag
23	3:30	" "	1.3	SLE 1/2 bag
24	6:00	" "	1.3	SLE 1/2 bag
25	4:30	" "	1.3	SLE 1/2 bag
26	3:45	" "	1.3	SLE 1/2 bag
27	6:00	" "	1.4	SLE 1/2 bag
28	3:00	" "	1.4	SLE 1 bag
29	12:30	" "	1.3	SLE
30	3:45	" "	1.4	SLE
31				

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-

Date: 12/03/2025 7591

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

OR

Small Groundwater System ☒

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

August 22, 2019