

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

System Name LOST VALLEY CENTER

PWS ID# 41 94011



Month/Year 11/2015 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	BLDG	15	SLF 1 BAG SALT
2	3:40	"	13	SLF
3	7:40	"	13	SLF
4	9:15	"	13	SLF
5	9:30	"	13	SLF 1/2 BAG
6	21:20	"	13	SLF 1/2 bag
7	9:45	"	13	SLF 1/2 bag
8	11:10	"	13.5	SLF 1/2 Bag
9	3:20	"	13.5	SLF 1/2 Bag
10	21:30	"	13	SLF 1/4 bag
11	11:30	"	13	SLF 1/4 bag
12	5:30	"	13	SLF
13	6:10	"	14	SLF 1 Bag
14	21:45	"	14	SLF 1 BAG
15	3:15	"	13	SLF 1 BAG
16	3:30	"	13	SLF
17	4:30	"	13.5	SLF 1/2 bag
18	7:15	"	13.5	SLF 1/2 bag
19	12:10	"	14	SLF
20	3:45	"	13.5	SLF 1/2 bag
21	21:30	"	14	SLF 1/2 bag
22	9:45	"	14	SLF
23	3:30	"	13	SLF 1/2 bag
24	6:10	"	13	SLF 1/2 bag
25	9:30	"	13	SLF
26	21:45	"	13	SLF 1/2 bag
27	6:10	"	14	SLF 1/2 bag
28	3:10	"	14	SLF
29	12:20	"	13	SLF 1 bag
30	3:45	"	14	SLF
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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	GWS Serving More Than 3,300
If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attach those results and submit them with this form.	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Printed Name: SHARON FRANTZ Title: MONITOR	Operator Certification #: OR
Signature: <u>Sharon Frantz</u> Phone #: (503) 354-7591	Small Groundwater System <input checked="" type="checkbox"/>

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.

August 22, 2019