

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

System Name Lost Valley Center PWS ID# 41 94011
 Month/Year JAN 26 Entry Point: A Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:30	Building 15	1.3	SLF 1/2 bag
2	11:30	" "	1.4	SLF 1/2 bag
3	2:15	" "	1.4	SLF 1/2 bag
4	4:15	" "	1.3	SLF 1/2 bag
5	4:30	" "	1.4	SLF 1 bag
6	2:30	" "	1.3	SLF
7	3:15	" "	1.4	SLF 1/2 bag
8	2:15	" "	1.4	SLF
9	3:00	" "	1.3	SLF
10	4:15	" "	1.4	SLF 1/2 bag
11	1:15	" "	1.4	SLF 1/2 bag
12	2:00	" "	1.3	SLF
13	2:45	" "	1.3	SLF 1/2 bag
14	5:30	" "	1.4	SLF 1/2 bag
15	4:30	" "	1.5	SLF
16	3:15	" "	1.5	SLF 1/2 bag
17	2:15	" "	1.4	SLF 1/2 bag
18	4:45	" "	1.4	SLF
19	10:45	" "	1.3	SLF 1/2 bag
20	12:15	" "	1.3	SLF 1/2 bag
21	4:30	" "	1.3	SLF 1/2 bag
22	3:45	" "	1.3	SLF 1/2 bag
23	1:45	" "	1.3	SLF 1/2 bag
24	5:15	" "	1.3	SLF
25	1:50	" "	1.3	SLF 1 bag
26	4:30	" "	1.4	SLF
27	3:15	" "	1.4	SLF
28	3:00	" "	1.3	SLF 1/2 bag
29	3:45	" "	1.35	SLF
30	2:00	" "	1.3	SLF 1/2 bag
31	4:45	" "	1.3	SLF

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: water monitor Operator Certification #: _____
 Signature: Sharon Frantz Phone #: (503) 354-7591 OR
 Date: 2/3/26 Small Groundwater System

Return by 10th of following month by either email dwp.dnce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.