

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

System Name **FERN VALLEY ESTATES INPRV DISTRICT**

PWS ID# **41 00514**

Month/Year **FEB 2021** Entry Point: **RESERVOIR**

Required Minimum Residual **0.20 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:05	Wells 2,3,4,5, and 6	1.0	
2	8:55		1.0	
3	8:35		1.0	
4	8:30		1.0	
5	8:30		1.0	
6	7:45		1.1	
7	10:55		1.1	
8	7:55		1.2	
9	8:30		2.1	
10	7:35		1.8	
11	8:05		1.4	
12	8:10		1.3	
13	7:50		1.1	
14	11:45		1.0	
15	8:10		0.9	
16	8:30		1.0	
17	11:00		0.9	
18	9:40		1.0	
19	8:05		0.9	
20	7:30		0.9	
21	11:00		1.1	
22	8:05		1.1	
23	9:05		1.4	
24	10:10		1.0	
25	7:05		1.1	
26	7:15		1.2	
27	8:07		1.6	
28	5:30pm		1.5	
29				
30				
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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: **Mark Elias** Title: **Systems Operator** Operator Certification #: \_\_\_\_\_  
 Signature: Mark Elias Phone #: **(541) 840-0612** OR  
 Date: **3/1/21** Small Groundwater System