

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

System Name **FERN VALLEY ESTATES INPRV DISTRICT**

PWS ID# **4 1 00514**

Month/Year **MARCH 2011**

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	8:20	Wells 2,3,4,5,and 6	1.3	
2	8:35		1.3	
3	8:20		1.2	
4	8:20		1.3	
5	7:25		1.3	
6	9:05		1.1	
7	8:25		0.9	↑ adjusted
8	8:00		0.9	
9	7:45		1.0	
10	8:40		1.0	
11	7:35		1.0	
12	8:00		1.0	
13	9:00		1.0	
14	11:35		1.0	
15	8:45		1.0	
16	9:55		1.0	
17	8:00		1.0	
18	8:00		1.0	
19	7:30		1.0	
20	8:00		1.0	
21	7:05pm		1.0	
22	8:25		1.0	
23	7:10		1.0	
24	8:15		1.0	
25	8:35		1.0	
26	7:30		1.0	
27	7:45		1.0	
28	12 noon		1.0	
29	7:35		1.1	
30	7:40		1.0	
31	1:55pm		1.0	

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>
--	--	---

<p>Printed Name: <b>Mark Elias</b></p> <p>Signature: <u>Mark Elias</u></p> <p>Date: <u>4/2/11</u></p>	<p>Title: <b>Systems Operator</b></p> <p>Phone #: <b>(541) 840-0612</b></p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
---	---	---