

**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 **April 2012** 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	8:00	Wells 2,3,4,5,and 6	1.0	
2	7:35		1.1	
3	7:45		1.1	
4	7:40		1.0	
5	9:50		1.0	
6	8:05		1.0	
7	7:45		1.0	
8	8:00		1.0	
9	7:30		1.0	
10	8:00		1.0	
11	12:46pm		1.0	
12	9:45		0.9	
13	9:25		0.9	
14	8:45		1.0	
15	11:05		1.0	
16	7:50		0.7	Pumps didn't cycle
17	10:00 a		0.9	
18	7:45 a		0.9	
19	8:00 a		1.1	
20	8:15 a		0.9	
21	8:40 a		0.9	
22	8:00 a		0.9	
23	8:45 a		0.9	
24	8:30 a		0.9	
25	12:10 p		0.8	
26	8:20 a		0.9	
27	8:00 a		0.8	
28	8:35 a		0.9	
29	7:15 a		0.9	
30	9:30 a		1.0	
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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.

<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: <b>Mark Elias</b> Signature: <i>Mark Elias</i> Date: <b>5/3/21</b>	Title: <b>Systems Operator</b> Phone #: <b>(541) 840-0612</b>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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