

**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 **June 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	8:30	Wells 2,3,4,5,and 6	1.0	
2	10:15		1.1	
3	6:30		1.1	
4	7:00		1.0	
5	9:15		1.0	
6	8:50		1.0	
7	8:00		0.9	
8	7:35		0.8	
9	8:30		1.0	
10	8:50		1.0	
11	8:15		1.1	
12	8:00		1.0	
13	7:30		1.1	
14	8:30		1.1	
15	7:55		1.2	
16	7:25		1.2	
17	7:30		1.2	
18	7:15		1.1	
19	9:05		1.0	
20	7:30		1.0	
21	9:05		1.0	
22	7:30		1.1	
23	7:35		1.0	
24	8:30		1.0	
25	7:45		1.0	
26	8:10		1.1	
27	6:55		1.0	
28	8:15		1.0	
29	8:05		1.0	
30	7:05		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>GWS Serving 3,300 or Fewer</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><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Mark Elias Signature: <u>Mark Elias</u> Date: 7/5/11	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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