

**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 **Aug 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	7:40	Wells 2,3,4,5,and 6	1.2	
2	8:15		1.1	
3	7:20		1.0	
4	7:10		1.0	
5	7:05		1.1	
6	9:30		1.0	
7	9:30		1.1	
8	7:35		1.0	
9	7:25		1.0	
10	8:20		1.0	
11	6:50		1.0	
12	7:45		1.0	
13	7:10		1.2	
14	8:05		0.9	
15	8:01		1.0	
16	8:08		1.0	
17	8:35		1.0	
18	8:40		1.0	
19	8:00		0.9	
20	7:25		0.9	
21	7:40		0.9	
22	7:30		0.9	
23	8:20		0.9	
24	7:15		1.1	
25	7:00		1.0	
26	7:15		1.1	
27	6:55		1.0	
28	7:50		1.0	
29	7:10		1.1	
30	7:50		1.0	
31	8:05		1.1	

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>Attach those results and submit them with this form.</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>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>
--	--	---

Printed Name: Mark Elias	Title: Systems Operator	Operator Certification #:
Signature: <u>Mark Elias</u>	Phone #: (541) 840-0612	OR
Date: <u>Aug 31, 2021</u>		Small Groundwater System <input checked="" type="checkbox"/>