

**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 **OCT 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	8:10	Wells 2,3,4,5,and 6	1.0	
2	9:30		0.9	
3	7:20		1.0	
4	8:05		1.0	
5	8:30		1.0	
6	7:50		0.9	
7	7:55		0.9	
8	7:50		0.9	
9	7:30		0.9	
10	8:15		0.9	
11	7:55		0.9	
12	7:25		0.9	
13	7:40		0.9	
14	7:35		1.0	
15	7:35		0.9	
16	7:45		0.9	
17	7:15		0.9	
18	7:55		1.0	
19	7:55		1.0	
20	8:00		1.0	
21	7:50		1.0	
22	7:20		1.0	
23	7:50		0.9	
24	7:35		0.9	
25	8:20		1.0	
26	7:45		0.9	
27	3:00 pm		1.0	Supplement well water w/ truck deliveries
28	12:45		0.86	Using Chlorimeter
29	12:05		.87	
30	12:10		.88	
31			.81	

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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: **Mark Elias**

Title: **Systems Operator**

Operator Certification #:

Signature: *Mark Elias*

Phone #: **(541) 840-0612**

OR

Date: **11/2/21**

Small Groundwater System