

**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 **Nov 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	2:15 p	Wells 2,3,4,5,and 6	0.72	} using Hatch Colorimeter
2	2:25 p		0.60	
3	8:00		0.85	
4	9:30		0.87	
5	7:50		1.01	
6	10:05		2.02	
7	7:45		1.16	
8	9:50		2.19	
9	8:40		1.2	
10	7:55		1.0	
11	7:45		1.0	
12	7:25		0.9	
13	7:50		0.9	
14	8:00		1.0	
15	8:15		0.9	
16	8:05		0.9	
17	8:00		0.9	
18	7:50		0.9	
19	7:50		0.9	
20	7:00		1.0	
21	8:10		1.1	
22	8:10		1.2	
23	8:20		1.0	
24	7:40		1.0	
25	7:45		1.0	
26	8:20		1.0	
27	8:15		1.2	
28	7:30		1.1	
29	9:30		1.1	
30	8:45		1.1	
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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>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>
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<p>Printed Name: <u>Mark Elias</u></p> <p>Signature: <u>Mark Elias</u></p> <p>Date: <u>Dec 1, 2021</u></p>	<p>Title: <u>Systems Operator</u></p> <p>Phone #: <u>(541) 840-0612</u></p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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