

**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 **JAN 2022**

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	8:15	Wells 2,3,4,5,and 6	0.9	
2	8:40		0.8	
3	9:20		0.8	
4	8:00		0.71	HACH COLORIMETER
5	8:40		0.84	
6	8:30		0.71	
7	7:30		0.97	
8	7:45		0.98	
9	9:55		1.08	
10	8:40		1.32	
11	7:55		1.21	
12	7:30		1.36	
13	8:10		1.42	
14	7:38		1.44	
15	10:00		1.19	
16	7:50		1.22	
17	9:15		1.35	
18	8:05		1.17	
19	8:45		1.31	
20	8:15		1.30	
21	7:40		0.95	
22	9:45		0.85	
23	8:15		0.83	
24	8:10		0.80	
25	8:10		0.83	
26	10:10		0.80	
27	9:05		0.88	
28	8:30		0.80	
29	7:50		0.89	
30	7:40		0.85	
31			0.84	

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: Mark Elias</p> <p>Signature: <i>Mark Elias</i></p> <p>Date: 1 18 2/1/22</p>	<p>Title: Systems Operator</p> <p>Phone #: (541) 840-0612</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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