

**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 **March 2022**
~~2019~~

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	8:00	Wells 2,3,4,5,and 6	0.92	
2	10:55		0.90	
3	8:15		0.91	
4	7:35		0.88	
5	9:25		0.84	
6	7:40		0.79	
7	9:35		1.14	
8	7:55		1.17	
9	7:15		0.80	
10	8:10		0.94	
11	7:50		0.77	
12	7:55		0.84	
13	8:25		0.76	
14	7:35		1.03	
15	7:50		1.00	
16	7:55		0.87	
17	8:45		0.89	
18	8:05		0.81	
19	11:15		1.03	
20	8:00		.93	
21	9:05		.93	
22	8:00		1.18	
23	7:45		1.08	
24	9:00		1.14	
25	8:05		1.02	
26	9:50		1.07	
27	8:40		1.13	
28	8:10		1.12	
29	8:00		1.26	
30	11:00		1.15	
31	7:20		1.07	

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 align="center">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>

<p>Printed Name: Mark Elias</p> <p>Signature: <i>Mark Elias</i></p> <p>Date: 1 4/1/22</p>	<p>Title: Systems Operator</p> <p>Phone #: (541) 840-0612</p>	<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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