

**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 **April 2022**
~~2020~~

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	7:50	Wells 2,3,4,5,and 6	0.99	
2	7:55		0.99	
3	7:30		0.87	
4	8:00		0.97	
5	7:25		1.22	
6	7:30		1.04	
7	8:55		1.08	
8	8:30		1.14	
9	8:55		1.07	
10	7:30		1.35	
11	12:35 pm		1.06	
12	8:05		1.21	
13	8:35		1.62	
14	7:45		1.67	
15	7:25		1.14	
16	8:30		0.11	
17	7:40		1.10	
18	9:30		1.06	
19	10:45		0.99	
20	10:10		1.01	
21	9:05		1.15	
22	8:00		1.03	
23	7:35		1.09	
24	8:00		0.95	
25	8:05		0.96	
26	8:15		1.05	
27	7:20		1.09	
28	7:25		0.99	
29	7:40		1.06	
30	10:00		1.16	
31	X			

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 10 May 1, 2022</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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