

**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 **JUNE 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	7:55	Wells 2,3,4,5,and 6	1.03	
2	7:15		1.26	
3	7:35		1.30	
4	8:00		1.65	
5	7:40		1.74	
6	8:15		1.51	
7	8:35		0.93	
8	7:35		0.70	
9	7:45		0.69	
10	8:40		0.69	
11	8:05		0.83	
12	8:20		1.00	
13	8:05		1.17	
14	7:25		1.32	
15	7:30		1.51	
16	7:40		1.38	
17	7:05		1.35	
18	7:50		1.28	
19	11:25		1.22	
20	8:25		1.18	
21	7:30		1.24	
22	8:35		1.14	
23	7:20		0.98	
24	7:25		1.28	
25	7:00		1.25	
26	8:16		1.21	
27	7:30		1.22	
28	7:30		1.26	
29	7:25		1.20	
30	7:30		1.13	
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Was the chlorine residual ever less than the required minimum residual of **0.2** 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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Mark Elias	Title: Systems Operator	Operator Certification #:
Signature: <i>Mark Elias</i>	Phone #: (541) 840-0612	OR
Date: 7/2/2022		Small Groundwater System <input checked="" type="checkbox"/>