

**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 **Aug 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	6:55	Wells 2,3,4,5,and 6	1.39	
2	9:20		1.20	
3	8:00		1.18	
4	7:45		1.07	
5	8:55		0.95	
6	8:00		0.88	
7	7:30		0.83	
8	8:30		0.76	
9	8:50		0.79	
10	8:00		0.85	
11	8:20		0.92	
12	7:35		0.86	
13	7:40		0.89	
14	7:40		0.82	
15	7:05		0.79	
16	8:10		0.88	
17	7:05		0.89	
18	7:30		0.89	
19	9:20		0.87	
20	7:40		0.98	
21	7:50		1.03	
22	8:05		0.95	
23	7:30		0.93	
24	8:40		0.98	
25	7:00		1.00	
26	8:00		0.89	
27	6:30		0.98	
28	7:25		1.08	
29	8:00		1.07	
30	8:35		0.95	
31	7:25		0.94	

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>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>	

Printed Name: **Mark Elias**

Title: **Systems Operator**

Operator Certification #:

Signature: *Mark Elias*

Phone #: **(541) 840-0612**

OR **41-00514**

Date: **1 1 9/7/2022**

Small Groundwater System