

**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 **Oct 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	7:45	Wells 2,3,4,5,and 6	0.78	
2	7:50		0.79	
3	7:30		0.77	
4	7:40		0.88	
5	7:30		1.00	
6	6:45		0.98	
7	4:30P		1.09	
8	8:00A		1.00	
9	7:40A		0.94	
10	8:00		0.91	
11	8:15		0.77	
12	7:45		0.78	
13	7:30		0.84	
14	9:50		0.82	
15	7:35		0.90	
16	7:25		0.87	
17	8:10		0.82	
#18	8:20		0.72	
#19	7:50		0.69	
#20	7:35		0.67	
#21	7:35		0.60	
#22	7:30		0.49	
#23	8:00		1.68	CAL INCREASE 1 click
#24	7:40		1.85	
#25	7:40		1.61	
#26	8:00		1.71	
#27	7:45		1.44	
#28	7:45		1.44	
29	7:45		1.21	
30	1:55		1.10	
31	8:05		0.95	

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>
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Printed Name: Mark Elias Title: Systems Operator
 Signature: Mark Elias Phone #: (541) 840-0612
 Date: 11/1/22

Operator Certification #: _____
 OR
 Small Groundwater System