

**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 **DEC 2022**  
~~2021~~

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	8:45	Wells 2,3,4,5,and 6	0.82	
2	8:55		1.04	
3	10:10		0.91	
4	7:40		0.84	
5	7:25		1.05	
6	7:25		1.03	
7	7:35		0.96	
8	8:55		0.98	
9	8:50		1.42	
10	7:15		1.19	
11	9:20		1.19	
12	8:15		1.31	
13	9:15		1.10	
14	7:40		1.31	
15	7:40		1.15	
16	8:10		0.95	
17	5:30		0.76	
#18	7:00		0.78	
#19	7:35		0.98	
#20	7:40		1.08	
21	7:25		1.08	
22	8:50		0.89	
23	8:30		0.90	
24	8:45		0.89	
25	10:40		0.90	
26	7:40		0.83	
27	8:15		0.97	
28	7:50		0.66	
29	7:05		0.52	
30	7:30		0.63	
31	7:55		0.82	

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><b>GWS Serving 3,300 or Fewer</b></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"><b>GWS Serving More Than 3,300</b></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

Date: **01/03/2023**

Small Groundwater System