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 JAN / 2023 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	0.79	
2	8:10		0.73	
3	8:15		0.92	
4	7:30		1.00	
5	7:55		1.01	
6	8:05		1.11	
7	8:30		1.06	
8	8:05		1.27	
9	7:40		1.30	
10	7:40		1.33	
11	7:40		1.50	
12	8:00		1.13	
13	7:40		0.93	
14	7:05		0.85	
15	7:50		0.78	
16	9:55		0.70	
17	8:45		0.80	
18	7:00		0.82	
19	9:05		1.07	
20	8:20		0.93	
21	8:45		0.95	
22	7:35		0.97	
23	8:00		0.95	
24	7:05		1.06	
25	7:05		0.94	
26	6:55		1.08	
27	8:45		1.09	
28	7:40		0.89	
29	7:35		0.88	
30	8:00		0.78	
31	8:50		0.72	

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.

GWS Serving 3,300 or Fewer	**GWS Serving More Than 3,300**	
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No *Attach those results and submit them with this form.*	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No *Attach grab sample results and submit them with this form.*	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Mark Elias Signature: Mark Elias Date: 2-/2/2023	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: OR Small Groundwater System ☒

December 19, 2012