

**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 **MARCH 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	7:50	Wells 2,3,4,5,and 6	1.10	
2	8:05		1.04	
3	8:45		1.10	
4	8:45		1.02	
5	8:10		0.91	
6	8:10		0.86	
7	8:00		0.74	
8	6:40		0.82	
9	9:30		0.83	
10	8:55		0.86	
11	9:20		0.95	
12	6:50		0.74	
13	8:25		1.18	
14	8:35		1.06	
15	7:50		1.16	
16	8:45		1.00	
17	9:00		0.98	
18	11:00		0.92	
19	7:20		0.99	
20	7:30		0.94	
21	8:00		1.12	
22	6:50		0.78	
23	7:10 AM		0.63	
24	8:15 AM		0.90	
25	7:30 A		0.91	
26	10:10 A		0.70	
27	7:20 A		0.98	
28	6:50		1.19	
29	7:25		1.11	
30	7:35		0.92	
31	7:40		0.85	

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>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 Signature: <i>Mark Elias</i> Date: 4-11-2023	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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