

**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 **April/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	9:20	Wells 2,3,4,5,and 6	0.97	
2	7:15		0.92	
3	2:50 pm		1.11	
4	2:20		0.84	
5	8:00		0.74	
6	8:10		0.99	
7	9:30		0.85	
8	7:05		0.99	
9	9:35		0.95	
10	7:40		1.01	
11	8:30		1.04	
12	12:00 pm		0.97	
13	8:05		1.06	
14	7:15		1.18	
15	7:15		0.77	
16	7:35		0.74	
17	8:00		0.73	
18	7:20		0.79	
19	8:10		0.63	
20	7:10		0.62	
21	7:20		0.88	
22	6:20		1.03	
23	7:15		1.05	
24	7:40		1.19	
25	7:30		0.99	
26	6:40		0.85	
27	6:55		0.73	
28	7:05		0.68	
29	7:10		0.62	
30	8:05		0.63	
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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: <b>Mark Elias</b>	Title: <b>Systems Operator</b>	Operator Certification #:  OR Small Groundwater System <input checked="" type="checkbox"/>
Signature: <i>Mark Elias</i>	Phone #: <b>(541) 840-0612</b>	
Date: <b>5/1/2023</b>		