

**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 **MAY/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	8:00	Wells 2,3,4,5,and 6	0.63	
2	9:00		0.60	
3	8:15		0.67	
4	11:45		0.86	
5	6:55		0.95	
6	9:25		0.91	
7	7:30		1.02	
8	7:15		0.97	
9	7:20		0.98	
10	7:05		1.06	
11	7:30		0.79	
12	7:00		0.66	
13	8:10		0.73	
14	7:40		0.69	
15	8:00		0.70	
16	8:05		0.67	
17	8:10		0.67	
18	8:05		0.89	
19	8:35		0.72	
20	7:30		1.40	
21	12:20		1.14	
22	8:30		1.62	
23	8:38		1.49	
24	8:35		1.53	
25	7:45		1.33	
26	8:10		1.13	
27	12:30		1.02	
28	8:30		1.00	
29	9:30		1.01	
30	9:20		0.88	
31	7:30		0.71	

Was the chlorine residual ever less than the required minimum residual of **0.20** 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> Signature: <i>Mark Elias</i> Date: <b>6/1/2023</b>	Title: <b>Systems Operator</b> Phone #: <b>(541) 840-0612</b>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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