

**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 **June / 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	6:50	Wells 2,3,4,5,and 6	0.60	
2	7:30		0.64	
3	11:15		0.63	
4	6:55		0.83	
5	8:15		0.64	
6	6:40		0.76	
7	11:10		0.49	
8	6:30		0.93	
9	7:20		0.80	
10	1:30 p.m		0.86	
11	12:35 p.m		0.94	
12	8:35		1.09	
13	11:55		0.90	
14	10:35		0.81	
15	8:30		0.75	
16	8:25		0.61	
17	10:05		0.67	
18	7:50		0.68	
19	8:00		0.60	
20	6:30 a		0.65	
21	6:55 a		0.70	
22	5:45 a		0.71	
23	8:00 a		0.92	
24	12:45 p		0.75	
25	7:30 A		0.72	
26	7:30		0.70	
27	10:00		0.72	
28	8:40		0.65	
29	7:30		0.72	
30	9:25		0.65	
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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>
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<p>Printed Name: <b>Mark Elias</b></p> <p>Signature: <u>Mark Elias</u></p> <p>Date: <u>7/3/2023</u></p>	<p>Title: <b>Systems Operator</b></p> <p>Phone #: <b>(541) 840-0612</b></p>	<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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