

**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 **July / 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	0.62	
2	7:00		0.79	
3	8:10		0.75	
4	7:40		0.56	
5	8:35		0.68	
6	6:30		0.62	
7	7:25		0.72	
8	7:40		0.70	
9	8:10		0.71	
10	7:35		0.75	
11	8:00		0.67	
12	7:45		0.60	
13	7:55		0.58	
14	8:50		0.59	
15	8:10		0.86	
16	6:45		0.80	
17	8:15		0.95	
18	7:10		0.93	
19	7:05		0.81	
20	8:00		0.70	
21	6:00		0.67	
22	9:10		0.57	
23	7:52		0.59	
24	7:34		0.49	
25	8:26		0.77	
26	7:55		0.68	
27	8:35		0.97	
28	8:20		1.01	
29	11:15		1.04	
30	7:40		1.10	
31	8:55		1.07	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Mark Elias Signature: <u>Mark Elias</u> Date: <u>8-13-2023</u>	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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