

**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 **Aug / 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	11:45	Wells 2,3,4,5,and 6	1.09	
2	9:55		0.99	
3	10:00		1.26	
4	7:40		1.19	
5	7:00		1.05	
6	7:35		1.04	
7	8:00		0.93	
8	8:35		0.77	0.77
9	8:30		0.63	
10	6:50		0.79	
11	9:05		0.74	
12	7:30		0.86	
13	7:05		0.90	
14	6:50		0.97	
15	7:15		0.76	
16	8:35		0.75	
17	7:50		0.78	
18	8:00		0.62	
19	8:30		0.60	
20	7:35		0.82	
21	8:00		0.92	
22	6:44		1.01	
23	7:50		1.30	
24	7:40		1.14	
25	7:30		1.15	
26	8:10		0.99	
27	9:30		0.84	
28	7:20		0.94	
29	7:30		0.94	
30	7:45		0.95	
31	8:45		1.01	

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 align="center">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>
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Printed Name: Mark Elias	Title: Systems Operator	Operator Certification #:
Signature: <i>Mark Elias</i>	Phone #: (541) 840-0612	OR
Date: 9-11-2023		Small Groundwater System <input checked="" type="checkbox"/>