

**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 **Sept / 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 | 9:00 AM | Wells 2,3,4,5,and 6 | 0.89 | |
| 2 | 7:30 | | 0.95 | |
| 3 | 7:45 | | 1.01 | |
| 4 | 7:45 | | 1.03 | |
| 5 | 8:15 | | 0.91 | |
| 6 | 8:30 | | 0.77 | |
| 7 | 9:00 | | 0.78 | |
| 8 | 8:26 | | 0.53 | |
| 9 | 8:28 | | 0.74 | |
| 10 | 8:36 | | 1.34 | |
| 11 | 8:20 | | 1.22 | |
| 12 | 7:50 | | 1.24 | |
| 13 | 7:45 | | 1.12 | |
| 14 | 6:35 | | 0.74 | |
| 15 | 8:10 | | 0.65 | |
| 16 | 7:55 | | 0.81 | |
| 17 | 7:30 | | 0.98 | |
| 18 | 8:05 | | 1.05 | |
| 19 | 8:15 | | 1.06 | |
| 20 | 7:50 | | 1.12 | |
| 21 | 7:25 | | 1.14 | |
| 22 | 7:50 | | 1.01 | |
| 23 | 10:25 | | 1.00 | |
| 24 | 8:15 | | 0.93 | |
| 25 | 7:30 | | 0.83 | |
| 26 | 9:15 | | 0.93 | |
| 27 | 11:00 | | 1.01 | |
| 28 | 8:10 | | 1.18 | |
| 29 | 8:35 | | 1.18 | |
| 30 | 1:45 PM | | 1.24 | |
| 31 | | | | |

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>Attach those results and submit them with this form.</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>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> |
|--|--|---|

| | | |
|---|---|---|
| <p>Printed Name: Mark Elias</p> <p>Signature: <u>Mark Elias</u></p> <p>Date: <u>10-12-2023</u></p> | <p>Title: Systems Operator</p> <p>Phone #: (541) 840-0612</p> | <p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p> |
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