

**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 **Oct / 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	7:30	Wells 2,3,4,5,and 6	1.23	
2	7:45		0.93	
3	8:00		0.84	
4	7:35		0.90	
5	9:45		0.81	
6	8:25		0.89	
7	7:40		0.65	
8	7:35		0.93	
9	8:40		1.00	
10	8:50		1.04	
11	8:35		1.02	
12	8:45		1.16	
13	8:25		1.04	
14	4:00		1.05	
15	7:45		1.04	
16	8:05		0.89	
17	9:25		0.84	
18	8:00		0.85	
19	7:35		0.80	
20	7:55		0.90	
21	7:45		0.92	
22	8:30		0.77	
23	7:55		0.69	
24	7:50		1.06	
25	10:10		0.90	
26	8:25		1.03	
27	8:30		1.01	
28	7:10		1.14	
29	7:10		1.10	
30	8:10		1.14	
31	7:20		1.00	↓

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>	

<p>Printed Name: Mark Elias</p> <p>Signature: <i>Mark Elias</i></p> <p>Date: 1 / 2023</p>	<p>Title: Systems Operator</p> <p>Phone #: (541) 840-0612</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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