

**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 **NOV/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	1.14	
2	7:30		1.30	
3	8:00		0.97	
4	10:18		0.71	
5	8:05		1.00	
6	9:13		1.25	
7	8:39		0.98	
8	3:25 pm		0.62	
9	10:45		0.57	
10	8:00		0.97	
11	7:50		0.87	
12	7:45		0.93	
13	7:35		1.05	
14	7:30		1.39	
15	8:20		1.20	
16	7:45		1.17	
17	8:10		1.08	
18	8:30		0.98	
19	11:15		0.86	
20	7:35		1.05	
21	7:30		0.92	
22	10:25		1.04	
23	11:10		0.99	
24	8:00		1.16	
25	7:35		1.02	
26	7:40		0.99	
27	10:05		0.85	
28	8:40		0.83	
29	7:50		0.84	
30	8:55		0.79	
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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>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** Title: **Systems Operator**
 Signature: *Mark Elias* Phone #: **(541) 840-0612**
 Date: **12-11-2023**

Operator Certification #: _____
 OR
 Small Groundwater System