

**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 **DEC / 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    | 8:25    | Wells 2,3,4,5,and 6 | 1.33   |       |
| 2    | 7:30    |                     | 0.82   |       |
| 3    | 8:45    |                     | 0.91   |       |
| 4    | 8:10    |                     | 1.01   |       |
| 5    | 8:20    |                     | 1.17   |       |
| 6    | 10:35   |                     | 0.89   |       |
| 7    | 9:50    |                     | 1.06   |       |
| 8    | 7:10    |                     | 1.09   |       |
| 9    | 7:30    |                     | 0.85   |       |
| 10   | 7:50    |                     | 0.99   |       |
| 11   | 8:00    |                     | 0.89   |       |
| 12   | 7:15    |                     | 0.76   |       |
| 13   | 8:00    |                     | 0.67   |       |
| 14   | 7:25    |                     | 0.68   |       |
| 15   | 9:10    |                     | 1.11   |       |
| 16   | 8:20    |                     | 0.96   |       |
| 17   | 7:55    |                     | 0.94   |       |
| 18   | 8:45    |                     | 1.00   |       |
| 19   | 8:15    |                     | 1.39   |       |
| 20   | 8:00    |                     | 1.51   |       |
| 21   | 7:55    |                     | 1.14   |       |
| 22   | 7:55    |                     | 1.08   |       |
| 23   | 8:00    |                     | 1.17   |       |
| 24   | 8:35    |                     | 1.02   |       |
| 25   | 8:50    |                     | 0.98   |       |
| 26   | 8:40    |                     | 1.40   |       |
| 27   | 4:55 PM |                     | 1.14   |       |
| 28   | 1:05 AM |                     | 0.83   |       |
| 29   | 8:25    |                     | 0.87   |       |
| 30   | 8:05    |                     | 0.87   |       |
| 31   | 6:30    |                     | 0.84   | ↓     |

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><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></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:<br/>/ /</p> <p>Date it was returned to service:<br/>/ /</p> |
|--|---|---|

|                                 |                                |   |
|---------------------------------|--------------------------------|---|
| Printed Name: <b>Mark Elias</b> | Title: <b>Systems Operator</b> | Operator Certification #:<br><br>OR<br>Small Groundwater System <input checked="" type="checkbox"/> |
| Signature: <i>Mark Elias</i>    | Phone #: <b>(541) 840-0612</b> |   |
| Date: <b>12-31-2023</b>         |                                |   |