System Name   FERN VALLEY ESTATES INPRV DISTRICT   PWS ID# 41 00514

Month/Year JAN / 2024 ~~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	1:45pm	Wells 2,3,4,5,and 6	0.82	
2	8:35		0.65	
3	11:40		0.76	
4	8:25		0.97	
5	9:10		1.15	
6	7:20		1.47	
7	1:30 pm		1.10	
8	10:25		1.05	
9	10:00		0.93	
10	11:30		0.99	
11	7:25		1.22	
12	8:25		1.11	
13	7:50		1.38	
14	11:15		0.98	
15	9:25		1.01	
16	8:45		0.92	
17	7:50		0.92	
18	8:25		0.85	
19	9:15		1.22	
20	10:00		1.21	
21	7:55		1.07	
22	8:15		0.44	
23	9:25		1.40	
24	7:40		1.31	
25	7:15		1.10	
26	8:40		1.13	
27	7:30		0.91	
28	8:05		0.79	
29	8:00		0.88	
30	9:15		0.99	
31	7:30		1.03	

Was the chlorine residual ever less than the required minimum residual of 0.2 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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to ____ mg/L as required? ☐ Yes ☐ No	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No	Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No *Attach grab sample results and submit them with this form.*	Date it was returned to service: / /

Printed Name: Mark Elias   Title: Systems Operator   Operator Certification #:

Signature: _Mark Elias_   Phone #: (541) 840-0612   OR

Date: 2-12/2024   Small Groundwater System ☒