

**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 **April 2024**

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	8:35	Wells 2,3,4,5,and 6	0.90	
2	8:00		0.96	
3	10:05		0.94	
4	9:15		1.01	
5	8:05		0.89	
6	7:30		0.93	
7	7:55		0.94	
8	9:00		1.02	
9	8:25		0.94	
10	7:30		1.02	
11	7:45		0.91	
12	9:05		1.09	
13	7:40		0.95	
14	12:50 PM		0.90	
15	7:40		1.05	
16	9:15		0.97	
17	7:20		0.95	
18	8:35		0.96	
19	8:15		0.91	
20	7:20		0.90	
21	7:35		0.93	
22	7:25		0.90	
23	8:10		0.87	
24	8:35		0.84	
25	8:05		0.91	
26	8:55		0.82	
27	7:35		0.80	
28	12:35 PM		0.81	
29	9:40		0.88	
30	8:00		0.88	
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 align="center">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>

Printed Name: **Mark Elias**

Title: **Systems Operator**

Operator Certification #:

Signature: *Mark Elias*

Phone #: (541) 840-0612

OR

Date: **5/1/2024**

Small Groundwater System