

**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 **MAY 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	7:25	Wells 2,3,4,5,and 6	0.92	
2	9:00		0.97	
3	9:25		0.92	
4	7:40		1.00	
5	7:45		0.76	
6	9:15		0.84	
7	8:05		1.06	
8	11:05		0.99	
9	8:20		1.25	
10	8:30		1.00	
11	7:45		0.76	
12	7:30		0.87	
13	8:30		0.88	
14	8:05		0.84	
15	7:25		0.93	
16	7:30		0.78	
17	9:55		1.02	
18	7:30		0.95	
19	7:55		0.86	
20	8:10		0.88	
21	8:35		0.95	
22	8:10		0.89	
23	9:20		0.84	
24	8:35		0.92	
25	7:40		1.01	
26	8:05		1.04	
27	7:45		1.10	
28	8:05		1.07	
29	8:00		0.97	
30	8:10		1.02	
31	8:20		1.02	

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 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><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: **6 13 2024**

Operator Certification #:
 OR
 Small Groundwater System