

**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 **JUNE 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	1.00	
2	12:35		0.75	
3	7:55		1.09	
4	7:30		1.04	
5	7:50		0.91	
6	8:35		1.05	
7	8:55		1.02	
8	9:00		0.90	
9	7:05		0.85	
10	8:10		0.97	
11	8:20		0.92	
12	7:50		0.95	
13	9:15		0.89	
14	7:15		0.84	
15	8:05		0.85	
16	8:20		0.95	
17	8:00		0.99	
18	7:25		1.00	
19	8:35		1.10	
20	8:35		1.11	
21	8:55		1.11	
22	8:25		1.14	
23	10:40		1.14	
24	7:45		1.17	
25	9:25		0.92	
26	7:55		0.91	
27	9:15		0.76	
28	8:35		0.67	
29	7:35		0.79	
30	7:35		0.80	
31	<del>      </del>	<del>      </del>	<del>      </del>	<del>      </del>

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><i>Attach those results and submit them with this form.</i></p>	<p><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><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>
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Printed Name: <u>Mark Elias</u> Signature: <u>Mark Elias</u> Date: <u>7/2/2024</u>	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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