

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **FERN VALLEY ESTATES INPRV DISTRICT**

PWS ID# **41 00514**

Month/Year **July 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	11:10	Wells 2,3,4,5,and 6	0.96	
2	7:55		1.22	
3	7:45		1.10	
4	7:55		1.15	
5	8:15		1.02	
6	7:40		0.88	
7	7:40		0.82	
8	8:30		1.04	
9	7:55		1.10	
10	7:50		1.30	
11	10:00		1.33	
12	9:10		1.30	
13	9:20		1.12	
14	7:45		0.87	
15	7:30		0.69	
16	7:35		0.87	
17	7:40		1.20	
18	7:20		0.85	
19	8:10		0.80	
20	9:40		0.83	
21	1:05		0.73	
22	7:30		1.12	
23	8:50		1.19	
24	8:30		1.26	
25	7:25		1.16	
26	9:55		0.90	
27	7:45		0.80	
28	8:25		0.65	
29	8:40		0.77	
30	7:40		0.90	
31	7:55		0.99	

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>	

<p>Printed Name: Mark Elias</p> <p>Signature: <i>Mark Elias</i></p> <p>Date: 7/31/2024</p>	<p>Title: Systems Operator</p> <p>Phone #: (541) 840-0612</p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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