

**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 **Aug /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	8:30	Wells 2,3,4,5,and 6	1.16	
2	7:50		1.09	
3	7:30		1.02	
4	8:30		1.06	
5	8:20		1.04	
6	6:10		0.99	
7	10:10		0.95	
8	8:25		1.02	
9	8:40		0.78	
10	7:45		0.97	
11	8:20		0.98	
12	8:10		0.96	
13	7:45		1.14	
14	8:45		0.97	
15	9:35		1.10	
16	8:40		1.03	
17	7:40		1.15	
18	1:15 PM		0.99	
19	7:40		0.95	
20	8:40		0.78	
21	8:45		0.82	
22	8:25		0.67	
23	7:30		0.77	
24	7:45		0.69	
25	12:55 PM		0.94	
26	8:30		0.96	
27	8:20		0.89	
28	7:50		1.01	
29	8:05		0.99	
30	7:35		1.00	
31	7:35		0.90	

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>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>
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Printed Name: Mark Elias Signature: <i>Mark Elias</i> Date: 19 / 1 / 24	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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