

**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 **Sept /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	1:45pm	Wells 2,3,4,5,and 6	1.21	
2	7:30		1.05	
3	8:20		0.87	
4	6:55		0.79	
5	8:45		0.76	
6	8:15		0.61	
7	7:30		0.74	
8	8:00		0.94	
9	9:05		0.93	
10	8:05		0.78	
11	8:40		0.78	
12	9:15		0.87	
13	8:50		0.76	
14	10:15		0.78	
15	7:30		0.94	
16	7:30		1.02	
17	9:10		0.95	
18	8:35		0.90	
19	8:00		0.83	
20	9:05		0.83	
21	7:40		0.95	
22	4:25pm		1.10	
23	8:30		0.92	
24	8:10		0.87	
25	8:15		0.94	
26	7:25		0.90	
27	7:25		0.97	
28	7:35		0.91	
29	7:25		0.93	
30	7:30		1.10	
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><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>Attach those results and submit them with this form.</p>	<p align="center"><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>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: <b>Mark Elias</b> Signature: <i>Mark Elias</i> Date: <b>9/30/24</b>	Title: <b>Systems Operator</b> Phone #: <b>(541) 840-0612</b>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
---	--	---