

**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 **Oct 12024** 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	8:15	Wells 2,3,4,5,and 6	1.16	
2	10:00		1.04	
3	7:30		1.00	
4	9:10		0.91	
5	8:20		1.02	
6	7:55		0.99	
7	5:50		0.97	
8	7:30		0.92	
9	7:10		0.99	
10	6:30		0.96	
11	8:50		0.94	
12	9:25		0.99	
13	7:55		1.06	
14	8:20		0.92	
15	7:30		0.82	
16	8:35		0.99	
17	9:06		0.91	
18	8:45		1.10	
19	8:30		0.82	
20	10:40		0.77	
21	8:07		0.78	
22	8:10		0.71	
23	8:00		0.93	
24	8:15		0.83	
25	10:05		0.83	
26	7:40		0.77	
27	12:35pm		0.79	
28	10:05		0.70	
29	10:10		0.82	
30	8:40		0.80	
31	7:55		0.59	↓

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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Mark Elias	Title: Systems Operator	Operator Certification #:
Signature: <i>Mark Elias</i>	Phone #: (541) 840-0612	OR
Date: 11/1/24		Small Groundwater System <input checked="" type="checkbox"/>