

**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 **FEB 1 2025**

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	7:35	Wells 2,3,4,5,and 6	1.05	
2	1:00pm		0.89	
3	10:20		0.95	
4	11:00		0.85	
5	10:20		0.90	
6	10:45		0.79	
7	7:50		0.88	
8	9:20		0.80	
9	8:55		0.65	
10	9:00		0.54	
11	10:55		0.66	
12	11:50		0.82	
13	11:30		0.88	
14	11:10		1.08	
15	4:50		0.99	
16	1:10pm		1.03	
17	11:35		0.97	
18	10:55		0.90	
19	7:35		0.99	
20	10:20		0.92	
21	8:20		0.97	
22	9:05		0.93	
23	1:00pm		0.82	
24	8:20		0.96	
25	7:55		0.92	
26	8:15		0.95	
27	9:50		0.86	
28	11:35		0.95	
29				
30				
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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /
Date it was returned to service:

/ /

Printed Name: **Mark Elias**

Title: **Systems Operator**

Operator Certification #:

Signature: *Mark Elias*

Phone #: **(541) 840-0612**

OR

Date: **2/28/25**

Small Groundwater System ☒

December 19, 2012