

**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 <sup>2025</sup> MARCH 19

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	6:25	Wells 2,3,4,5,and 6	0.94	
2	7:45 pm		0.91	
3	8:15		0.88	
4	9:35		0.90	
5	10:45		0.87	
6	10:10		0.83	
7	9:15		0.80	
8	7:35		0.79	
9	12:25 p		0.85	
10	7:35		0.94	
11	9:10		0.86	
12	9:15		0.80	
13	8:10		0.84	
14	9:30		0.82	
15	10:55		0.93	
16	12:25 p		0.84	
17	7:30		0.78	
18	9:05		0.75	
19	8:05		0.90	
20	5:20 a		0.99	
21	8:16 a		1.00	
22	8:21 a		1.10	
23	5:45 p		1.12	
24	6:00 p		1.14	
25	9:55		0.80	
26	7:55		0.82	
27	8:30		0.83	
28	10:55		0.79	
29	8:25		0.93	
30	12:05 p		0.73	
31	10:30		1.00	↓

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: 1 10 4/1/25

Small Groundwater System ☒

December 19, 2012