

**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 **APRIL 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 | 11:35 | Wells 2,3,4,5,and 6 | 0.86 | |
| 2 | 8:15 | | 0.86 | |
| 3 | 9:00 | | 0.88 | |
| 4 | 8:20 | | 1.01 | |
| 5 | 9:30 | | 0.95 | |
| 6 | 11:45 | | 0.95 | |
| 7 | 11:25 | | 1.10 | |
| 8 | 7:50 | | 1.16 | |
| 9 | 8:10 | | 1.00 | |
| 10 | 8:55 | | 1.00 | |
| 11 | 8:20 | | 0.85 | |
| 12 | 10:15 | | 0.78 | |
| 13 | 12:20p | | 0.82 | |
| 14 | 8:30 | | 0.95 | |
| 15 | 9:15 | | 0.97 | |
| 16 | 8:00 | | 0.88 | |
| 17 | 8:40 | | 0.81 | |
| 18 | 2:30pm | | 1.06 | |
| 19 | 2:00p | | 0.84 | |
| 20 | 7:05 | | 0.97 | |
| 21 | 7:45 | | 0.93 | |
| 22 | 7:20 | | 0.93 | |
| 23 | 7:55 | | 0.99 | |
| 24 | 8:50 | | 0.82 | |
| 25 | 8:25 | | 0.93 | |
| 26 | 7:45 | | 0.94 | |
| 27 | 7:40 | | 0.87 | |
| 28 | 0:30 | | 0.94 | |
| 29 | 12:15p | | 0.82 | |
| 30 | 7:40 | | 0.91 | |
| 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: **1 5/1/25**

Small Groundwater System ☒

December 19, 2012