

**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 **MAY 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	9:00	Wells 2,3,4,5,and 6	0.88	
2	8:20		0.79	
3	1:25 PM		0.85	
4	12:22 PM		0.82	
5	7:45		0.87	
6	7:30		0.80	
7	10:00		0.77	
8	7:30		0.89	
9	7:20		0.90	
10	6:30		0.85	
11	12:15 P		1.09	
12	10:30		1.01	
13	8:15		1.20	
14	8:00		0.89	
15	8:00		0.87	
16	7:55		0.91	
17	8:35		0.71	
18	6:40		0.68	
19	7:55		0.79	
20	7:20		1.09	
21	8:20		1.30	
22	8:10		1.22	
23	7:30		1.26	
24	7:30		1.24	
25	7:00		1.15	
26	7:40		0.95	
27	7:35		0.71	
28	8:35		0.77	
29	7:35		1.02	
30	7:45		1.29	
31	8:25		1.14	↓

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 5/3/25**

Small Groundwater System ☒

December 19, 2012