

**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 **JUNE 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	7:30	Wells 2,3,4,5,and 6	1.06	
2	7:00		1.08	
3	7:20		1.05	
4	9:45		1.03	
5	8:26pm		0.98	
6	5:16pm		0.93	
7	4:39pm		0.87	
8	9:10		0.89	
9	8:10		0.91	
10	7:20		0.73	
11	10:25		1.18	
12	9:28		1.01	
13	4:47 pm		0.94	
14	5:18 pm		0.78	
15	5:47 pm		0.99	
16	7:00		0.87	
17	7:30		0.84	
18	8:30		0.84	
19	7:15		0.81	
20	6:50		0.79	
21	8:45		0.76	
22	8:02		1.07	
23	8:35		1.03	
24	7:30		0.97	
25	6:30		1.08	
26	8:00		1.40	
27	8:05		1.29	
28	7:30		1.13	
29	8:10		0.93	
30	8:40		0.85	
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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 7/2/25**

Small Groundwater System ☒

December 19, 2012