

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **FERN VALLEY ESTATES INPRV DISTRICT**

PWS ID# **4 1 00514**

Month/Year **JULY 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	6:50	Wells 2,3,4,5,and 6	0.69	
2	7:10		0.67	
3	8:10		1.50	
4	8:30		1.38	
5	8:10		1.47	
6	7:25		1.22	
7	6:55		1.05	
8	8:20		0.88	
9	7:20		0.90	
10	8:30		1.13	
11	9:00		0.98	
12	9:45		0.95	
13	8:30		0.94	
14	8:20		0.95	
15	7:35		0.96	
16	11:00		1.07	
17	6:05		1.01	
18	6:30		1.07	
19	7:55		0.97	
20	6:25		0.93	
21	7:35		0.89	
22	6:45		0.93	
23	7:35		0.87	
24	6:55		0.78	
25	6:55		0.86	
26	9:20		0.90	
27	7:55		1.01	
28	7:35		1.04	
29	7:50		1.07	
30	7:45		0.88	
31	7:20		0.85	

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 1 8/4/25

Small Groundwater System ☒

December 19, 2012