

**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 **SEPT 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	10:15	Wells 2,3,4,5,and 6	0.80	
2	9:00		0.81	
3	11:00		0.72	
4	8:25		0.84	
5	9:35		0.90	
6	5:45p		0.69	
7	2:10p		0.84	
8	8:25		0.88	
9	8:15		0.80	
10	10:45		0.82	
11	7:30		0.88	
12	9:25		0.90	
13	10:50		0.92	
14	12:20p		0.69	
15	10:05		0.56	
16	7:45		0.66	
17	11:15		0.56	
18	7:55		0.99	
19	8:45		1.06	
20	10:20		0.85	
21	8:10		1.07	
22	7:35		0.90	
23	8:10		0.66	
24	8:00		0.59	
25	8:00		0.67	
26	9:40		0.63	
27	9:50		1.47	
28	11:45		1.58	
29	9:40		1.64	
30	10:00		1.46	
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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 1 9/30/25**

Small Groundwater System ☒

December 19, 2012