

**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 **OCT 2025**
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	2:00p	Wells 2,3,4,5,and 6	1.12	
2	9:00		1.09	
3	10:35		0.93	
4	10:45		0.72	
5	11:45		1.15	
6	9:05		1.17	
7	8:20		0.86	
8	11:15		0.78	
9	9:10		0.94	
10	10:30		0.83	
11	9:35		0.78	
12	12:35p		1.22	
13	9:40		1.33	
14	10:50		1.12	
15	10:10		1.04	
16	12:45p		1.01	
17	8:22		0.86	
18	4:15		0.75	
19	6:10p		0.58	
20	11:00		0.90	
21	9:00		0.96	
22	10:30		1.16	
23	7:30		0.92	
24	9:20		0.60	
25	12:15p		0.80	
26	12:35p		1.00	
27	11:10		0.94	
28	12:25p		0.97	
29	9:05		1.05	
30	10:15		0.95	
31	8:20		1.07	↓

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: **11/3/25**

Small Groundwater System ☒

December 19, 2012