

**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 **NOV 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	8:35	Wells 2,3,4,5,and 6	0.78	
2	12:40 p		0.84	
3	8:00		0.98	
4	8:10		0.75	
5	10:30		0.95	
6	8:20		1.20	
7	9:20		0.98	
8	8:30		1.32	
9	12:30 p		0.89	
10	10:15		0.62	
11	9:35		1.01	
12	8:20		1.13	
13	10:45		1.16	
14	9:50		1.19	
15	11:00		1.02	
16	12:20 p		1.06	
17	10:35		1.09	
18	8:50		1.02	
19	10:55		1.04	
20	9:25		0.93	
21	7:50		0.88	
22	7:05		1.09	
23	11:35 p		0.98	
24	9:15		0.97	
25	8:25		1.03	
26	8:00		0.80	
27	8:20		0.89	
28	9:00		0.87	
29	8:25		0.83	
30	12:05 p		0.80	
31				

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: **11/5/25**

Small Groundwater System ☒

December 19, 2012