

**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 **DEC 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	9:55	Wells 2,3,4,5,and 6	0.95	
2	10:55		0.86	
3	11:25		0.79	
4	8:20		0.72	
5	8:25		0.95	
6	8:20		0.79	
7	11:40		0.90	
8	10:20		1.03	
9	7:45		1.07	
10	7:55		1.00	
11	9:55		1.07	
12	6:40		1.02	
13	3:10 PM		1.09	
14	6:10 PM		1.20	
15	9:05		1.26	
16	9:25		1.29	
17	8:10		0.86	
18	9:35		0.76	
19	8:25		0.91	
20	11:00		0.92	
21	12:30P		1.46	
22	8:50		1.06	
23	11:30		1.18	
24	9:30		1.06	
25	12:25P		0.80	
26	11:00		0.80	
27	11:35		1.17	
28	11:45		0.96	
29	9:40		0.74	
30	10:25		1.04	
31	9:40		1.08	

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? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **Mark Elias** Title: **Systems Operator** Operator Certification #: _____
 Signature: *Mark Elias* Phone #: **(541) 840-0612** OR
 Date: **1 10 1/5/26** Small Groundwater System