

**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 **JAN ~~2004~~ ²⁰²⁶** 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	3:10 P	Wells 2,3,4,5,and 6	1.24	
2	9:35		1.02	
3	11:05		0.79	
4	12:50 P		1.05	
5	11:30		0.79	
6	11:45		0.67	
7	8:45		0.74	
8	9:18		1.03	
9	10:15		1.03	
10	7:10 A		1.11	
11	11:25		1.07	
12	10:30		1.29	
13	11:25		1.18	
14	8:45		1.07	
15	9:50		1.08	
16	1:40 P		0.96	
17	10:40		0.91	
18	12:55 P		0.80	
19	11:00		0.82	
20	9:25		0.73	
21	7:35		0.88	
22	11:10		0.75	
23	10:55		0.85	
24	9:40		1.08	
25	11:05		1.05	
26	8:20		1.13	
27	10:40		1.04	
28	10:50		1.04	
29	10:20		1.08	
30	9:35		1.10	
31	11:30		1.01	↓

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 align="center">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: <i>Mark Elias</i>	Phone #: (541) 840-0612	OR
Date: 2/3/26		Small Groundwater System <input checked="" type="checkbox"/>