

**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 **MAY ~~2010~~ 2022** 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	7:30	Wells 2,3,4,5,and 6	1.00	
2	9:30		0.98	
3	7:55		1.27	
4	7:25		1.19	
5	8:45		0.90	
6	7:45		0.93	
7	7:50		0.88	
8	8:10		0.92	
9	8:35		1.17	
10	8:30		1.15	
11	7:50		1.26	
12	9:40		1.01	
13	7:45		1.11	
14	8:10		0.96	
15	7:20		1.14	
16	7:35		1.16	
17	8:10		1.03	
18	7:20		0.75	
19	7:45		1.07	
20	7:30		1.09	
21	9:35		0.91	
22	7:50		1.05	
23	8:00		0.96	
24	8:00		0.93	
25	7:50		0.94	
26	6:05		1.95	
27	7:45		1.84	
28	7:00		1.51	
29	8:35	✕	1.80	
30	8:15		1.01	
31	7:15		0.99	

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>	

Printed Name: Mark Elias Signature: <i>Mark Elias</i> Date: 6/2/2022	Title: Systems Operator Phone #: (541) 840-0612	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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