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 FEB 2023 Entry Point: RESERVOIR Required Minimum Residual 0.20 mg/L							
Date	Time	Source(s)		Lowest free chlorine residual at entry point to distribution system (mg/l)	Notes	
1	7105	Wells 2,3,4,5,and 6		0.71			
2	6:55		A.COPAC (6.0)	0321			
3	7:00			0.98			
4	7150			0.87			
5	8:00			1.11			
6	8,20			11.97			
7	9:30			1.00	· -		
8	7:55	*		1.03			
9	7:25			0.94			
10	8:05						
11	7:45			0.82			
#12	8:50		· · · · · · · · · · · · · · · · · · ·	0.65			
p 13	7.30			0.85			
dy 14	12:10			6.91		•.•	
	17:45			0.96			
1/15	7:30			0,90			
1/16	8,35			0.87	- 4		
17	6:45			0.88			
X/18	8:10		181 9 9	1.07			
19	8:30			0,97			
20	9,25			0.90			
21	6:45			0.88			
22	7:00			0.80		7, 1	
23	9:05			0.83			
24	6'15			0.64			
25	Sic			194			
26	7:00			792			
27	7.40	"					
28	025			111			
29	7			1.16			
30	† †						
31		· · · · · · · · · · · · · · · · · · ·			-		
Was the chlorine residual ever less than the required minimum residual of mg/L? Yes Hoo lf 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.							
GW	GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
If yes, o	did you monite	or every four hours	Did continuous	monitoring equipment fail at a		1	
until the residual returned to mg/L			reporting month	1? Yes No	ary mile fills	Date continuous monitoring equipment failed:	
as required? Yes No			If yes, were grab samples collected every four hours until the				
Attach	Attach those results and submit them with			in samples collected every fol Nitorina equinment was return	ir nours until the	Date it was returned to	
this form.			continuous monitoring equipment was returned to servi required? Yes No			service:	
			Attach grab sample results and submit them with thi		with this form.	J /	
Printed N	Name: Mark E	lias	Title: Systems Operator		Operator Certification #:		
Signatur	<u>.</u> . 5	Mab alia			· · · · · · · · · · · · · · · · · · ·		
1	·	Mark Eller 3-12 /2023	Phone #: (541) 840-0612		OR		
Date: 3-1 2 /2023 Small Groundwater System 🛛							
December 10, 2012							