

**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 /2024** 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	1.10	
2	9:15		0.94	
3	7:45		1.02	
4	7:40		1.04	
5	9:25		0.94	
6	9:25		1.02	
7	8:05		0.96	
8	7:35		0.94	
9	8:45		0.91	
10	7:30		1.11	
11	7:45		1.07	
12	7:40		1.04	
13	8:10		1.11	
14	7:50		1.07	
15	7:45		0.98	
16	7:25		1.09	
17	8:30		1.24	
18	8:45		1.13	
19	7:00		0.81	
20	7:20		0.88	
21	7:15		0.81	
22	7:55		1.18	
23	8:20		1.11	
24	7:30		1.13	
25	8:30		1.17	
26	9:00		1.11	
27	8:20		1.14	
28	7:50		1.07	
29	9:25		1.27	
30				
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? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></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"><b>GWS Serving More Than 3,300</b></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: <b>Mark Elias</b> Signature: <i>Mark Elias</i> Date: <b>4/29/24</b>	Title: <b>Systems Operator</b> Phone #: <b>(541) 840-0612</b>	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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