

State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems

System Name <b>Bear Creek Mobile</b>	PWS ID# <b>41 00050</b>
Month/Year <b>03 / 22</b> Entry Point: <b># 49</b>	Required Minimum Residual <b>.4</b> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:30 AM	Wells 1-2-3 Combined	.6	
2	9:10 AM		.6	
3	9:30 AM		.6	
4	11 AM		.55	
5	10:10 AM		.5	
6	10:1 AM		.5	
7	9:30 AM		.45	
8	9:30 AM		.5	
9	9:20 AM		.5	
10	9:30 AM		.5	
11	9:10 AM		.5	
12	9:30 AM		.5	
13	10:30 AM		.5	
14	9:20 AM		.5	
15	9:30 AM		.45	
16	9:20 AM		.5	
17	9:25 AM		.45	
18	9 AM		.4	
19	9:20 AM		.4	
20	9:30 AM		.45	
21	9:30 AM		.45	
22	9 AM		.5	
23	9:45 AM		.5	
24	9:30 AM		.5	
25	9:20 AM		.5	
26	9:25 AM		.55	
27	10:20 AM		.55	
28	9:35 AM		.5	
29	9:15 AM		.5	
30	9:30 AM		.5	
31	9:20 AM		.5	

Was the chlorine residual ever less than the required minimum residual of **.4** 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><i>Attach those results and submit them with this form.</i></p>	<p><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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <b>Mike Skinner</b>	Title: <b>Water System Operator</b>	Operator Certification #: _____
Signature: <i>Mike Skinner</i>	Phone #: <b>(541) 414-8434</b>	OR
Date: <b>04/05/2022</b>		Small Groundwater System <input checked="" type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dpw.dmce@state.or.us](mailto:dpw.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.