

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>04 122</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	8:50	Wells 1-2-3 Combined	.5	
2	9:30		.5	
3	9:10		.5	
4	9:16		.5	
5	10 AM		.55	
6	10:20 AM		.5	
7	9:25		.5	
8	9:40		.55	
9	1 PM		.55	
10	12:15 PM		.55	
11	1 PM		.5	
12	10:25		.5	
13	9:20		.5	
14	10:05		.45	
15	10:35		.45	
16	12:20		.45	
17	12:10		.5	
18	12:40		.5	
19	9:47		.475	
20	11:30		.45	
21	11:15		.45	
22	9:15		.5	
23	10 AM		.45	
24	7:20		.45	
25	2:50		.45	
26	10:20		.45	
27	9:10		.4	
28	11:10		.4	
29	11:20		.45	
30	11:20		.45	
31				

  

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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</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>5 18 122</b>		Small Groundwater System <input checked="" type="checkbox"/>

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

August 22, 2019