

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

System Name Bear Creek mobile PWS ID# 41 00050
 Month/Year 1 Entry Point: #49 Required Minimum Residual .4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:04 a	Wells 1-2-3 combined	.55	
2	8:53 a		.55	
3	11:23 a		.55	
4	10:52 a		.55	
5	9:58 a		.5	
6	9:12 a		.5	
7	10:25 a		.5	
8	1:40 P		.55	
9	9:01 a		.55	
10	10:28 a		.55	
11	11:40 a		.6	
12	9:17 a		.6	
13	10:45 a		.6	
14	11:37 a		.6	
15	9:24 a		.6	
16	2:10 P		.6	
17	10:07 a		.6	
18	11:10 a		.65	
19	12:19 P		.65	
20	10:35 a		.65	
21	10:24 a		.6	
22	10:15 a		.6	
23	9:40 a		.6	
24	9:37 a		.6	
25	1:14 P		.6	
26	9:17 a		.6	
27	8:50 a		.6	
28	11:38 a		.6	
29	11:25 a		.55	
30	1:24 P		.55	
31			.55	

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>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>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>
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Printed Name: Mike Skinner Title: Water System Operator Operator Certification #: _____
 Signature: Mike Skinner Phone #: (501) 414-8934 OR
 Date: 12/31/2022 Small Groundwater System

Return by 10th of following month by either email dwp@odhsos.oregon.gov; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.
 August 22, 2019
dwp.dmc.e@odhsos.oregon.gov