

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

System Name Bear Creek Mobile

PWS ID# 41 00050

Month/Year May / 2024 Entry Point: 51

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	10:03 a	Wells 1-2-3 Oxbow Rd	.6	
2	10:03 a		.6	
3	9:32 a		.55	
4	10:10 a		.55	
5	9:57 a		.55	
6	10:16 a		.55	
7	9:57 a		.55	
8	9:44 a		.55	
9	10:25 P		.55	
10	9:02 a		.55	
11	10:10 a		.55	
12	11:41 a		.55	
13	9:11 a		.55	
14	9:15 a		.55	
15	10:10 a		.55	
16	9:31 a		.55	
17	11:12 a		.55	
18	8:57 P		.55	
19	7:24 a		.55	
20	9:46 a		.55	
21	10:30 a		.55	
22	9:06 a		.55	
23	10:31 a		.55	
24	7:16 a		.55	
25	10:28 a		.55	
26	12:47 P		.55	
27	11:17 a		.55	
28	7:33 a		.55	
29	10:00 a		.55	
30	9:17 a		.55	
31	9:28 a		.55	

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 - (> 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name Mike Skinner

Titr. Control System 0 per meter

Operator Certification #

Signature Mike Skinner

Phone # (541) 414-8434

OR

Date: 5/31/2024

Small Groundwater System

Return by 15th of following month by either email (gwp.dmscd@state.or.us) fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.