

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

System Name Bear Creek MHP  
Month/Year July 2024 Entry Point: # 51

PWS ID# 4100050  
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	8:34 a	Wells 1-2-3 combined	.55	
2	8:43 a		.55	
3	9:27 a		.55	
4	10:40 a		.55	
5	9:12 a		.55	
6	1:23 p		.5	
7	10:01		.5	
8	8:36 a		.5	
9	7:54 a		.55	
10	8:42 a		.55	
11	8:04 a		.5	
12	8:51 a		.5	
13	8:36 a		.5	
14	11:40 a		.5	
15	9:16 a		.5	
16	9:32 a		.55	
17	8:34 a		.55	
18	8:39 a		.55	
19	9:38 a		.55	
20	12:48 a		.55	
21	12:41 p		.55	
22	11:12 a		.55	
23	9:50 a		.55	
24	9:33 a		.55	
25	8:12 a		.5	
26	8:51 a		.5	
27	10:40 a		.5	
28	11:05 a		.5	
29	9:10 a		.5	
30	10:06 a		.5	
31	9:28 a		.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><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>	<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 #: (541) 414-8434 OR  
Date: 08/01/2024 Small Groundwater System

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.