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

System Name Bear Creek MHP Month/Year 10 12024 Entry Point: Space 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 10:25a Wals 1-2-3 combined 15	VA. 100
2 11:189	
3 9:28 9	
4 10:47a	
5 11:30 a 6 11:19 a	
_ 11.1.4	
8 9:05a	
9 9:41	
10 12:274	
11 9:36 4	
12 9:52 a	
13 11:414	
14 jo:24a	
15 9:349	1
16 11:39 a	
17 11:09a 18 10:16 a 19 10:46 4	
18 10:16 9	
20 11:40 a	20.5
21 9:11 9	
22 9:06 a	
23 9:59 9	
24 9:44 a	
25 11:10 9	
26 11:319	
27 12:15P	RESIDENCE OF THE SECOND
28 9:08 9	
29 10:079	
30 1:03 P	
31 10:149	
Was the chlorine residual ever less than the required minimum residual of H mg/L? Yes No	Drogram to be
If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water notified by end of next business day.	riogram to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to mg/L Did continuous monitoring equipment fail at any time this equipment fail at any t	ous monitoring ailed:
as required? Yes No If yes, were grab samples collected every four hours until the	1.
Attach those results and submit them with continuous monitoring equipment was returned to service as Date it was in	returned to
this form. required?	1
Printed Name: Mike Skinner Title: Water System Operator Certification	#:
Signature: Mule Skuin Phone #: (541) 414-8434 OR	- 10
Date: 11 101 124 Small Groundwater S	ystemi