State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Bear Creek MHP — PWS ID#: 41 00550

Month/Year: May 25 — Entry Point: 57 — 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	11:40 a	Wells 1-2-3 Comb wel	.5	
2	10:28 a		.45	
3	2:45 P		.45	
4	12:31 P		.5	
5	10:20 a		.5	
6	9:10 a		.5	
7	9:41 a		.5	
8	1:29 P		.5	
9	10:17 a		.5	
10	10:20a		.5	
11	11:42 a		.5	
12	10:16a		.5	
13	9:42 a		.5	
14	1:55P		.5	
15	9:52 a		.5	
16	9:53a		.5	
17	11:9am		.5	
18	11:41 a		.5	
19	9:58 a		.55	
20	10:11 a		.55	
21	9:47 a		.55	
22	9:44 a		.55	
23	10:56 a		.55	
24	11:12 a		.55	
25	11:31 a		.55	
26	11:52a		.55	
27	9:21 a		.5	
28	9:19 a		.5	
29	9:30 a		.5	
30	10:51 a		.5	
31	9:22 a		.5	

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.

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 — Title: Water System Operator

Signature: [signature] — Phone #: (541) 414-8434

Date: 6 12 2025

Operator Certification #:

OR

Small Groundwater System ☑

; fax

Return by 10th of following month by either email 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.