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

System Name: Bear Creek MHP — PWS ID#: 41 00050
Month/Year: July 2025 — 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	10:17a	Wells 1-2-3 combined	.55	
2	8:55a		.55	
3	9:48a		.5	
4	12:16p		.5	
5	11:21a		.5	
6	9:55a		.55	
7	9:25a		.55	
8	9:55a		.5	
9	11:22a		.5	
10	9:55a		.5	
11	9:27a		.55	
12	11:32a		.55	
13	11:20a		.55	
14	9:41a		.55	
15	9:43a		.55	
16	11:00a		.5	
17	11:00a		.55	
18	11:00a		.55	
19	8:30a		.5	
20	8:30a		.55	
21	8:30a		.55	
22	11:18a		.55	
23	10:17a		.55	
24	9:00a		.5	
25	11:30a		.5	
26	9:20a		.55	
27	9:30a		.55	
28	12:47a		.55	
29	9:20a		.5	
30	8:15a		.5	
31	8:35a		.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: Mike Skinner — Phone #: (541) 914-8434

Date: 8/1/25

Operator Certification #:

OR

Small Groundwater System ☐

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

August 22, 2019