State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Bear Creek MHP — PWS ID#: 41 00050

Month/Year: OCT 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	8:20a	Well 1-2-3	.5	
2	8:20a	combined	.5	
3	8:30a		.5	
4	7:30a		.5	
5	7:30a		.5	
6	7:30a		.5	
7	10:21a		.5	
8	8:05a		.5	
9	7:30a		.5	
10	7:35a		.5	
11	12:05p		.5	
12	10:00a		.5	
13	7:30a		.5	
14	7:57a		.5	
15	8:00a		.5	
16	7:15a		.5	
17	8:20a		.5	
18	9:50a		.5	
19	10:00a		.5	
20	7:30a		.5	
21	8:10a		.5	
22	8:00a		.5	
23	8:00a		.5	
24	8:15a		.5	
25	8:10a		.5	
26	6:50a		.5	
27	7:29a		.5	
28	10:12a		.5	
29	10:38a		.5	
30	8:20a		.5	
31	8:18a		.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) 414-8487

Date: 11/1/25

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