State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: BEAR CREEK MHP — PWS ID#: 41 00050

Month/Year: NOV 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	10:10a		.5	
2	9:20a		.5	
3	7:30a		.5	
4	8:00a		.5	
5	8:10a		.5	
6	9:30a		.5	
7	8:30a		.5	
8	9:35a		.5	
9	10:00a		.5	
10	7:40a		.5	
11	9:30a		.5	
12	8:00a		.5	
13	8:15a		.5	
14	8:30a		.5	
15	10:00a		.5	
16	8:30a		.5	
17	8:27a		.5	
18	8:35a		.5	
19	8:30a		.5	
20	8:30a		.5	
21	8:30a		.5	
22	8:30a		.5	
23	9:40a		.5	
24	9:00a		.5	
25	8:50a		.5	
26	10:10a		.5	
27	9:00a		.5	
28	7:30a		.5	
29	11:50a		.5	
30	10:00a		.5	
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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: 12/1/25

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.