

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

System Name **BEAR CREEK MHP**

PWS ID# 41 00050

Month/Year **Dec 1 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	8:00a			
2	8:20a			
3	8:00a			
4	8:20a			
5	7:45a			
6	9:20a			
7	8:20a			
8	8:40a			
9	8:00a			
10	8:30a			
11	8:10a			
12	7:45a			
13	11:55a			
14	11:00a			
15	7:05a			
16	8:00a			
17	7:30a			
18	9:20a			
19	10:30a			
20	9:25a			
21	10:07			
22	8:30a			
23	9:20a			
24	7:31a			
25	10:55a			
26	7:54a			
27	7:40a			
28	6:00a			
29	11:42a			
30	8:45a			
31	9:30a			

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 Skinnon**  
 Signature: *Mike Skinnon*  
 Date: **01 105 126**

Title: **Water System Operator**  
 Phone #: **(501) 414-8434**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System