

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

System Name **BEAR CREEK MHP**

PWS ID# 41 00050

Month/Year **Jan 12 2026** 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	9:30 a		0.5	
2	10:30 a		0.5	
3	5:50 a		0.5	
4	7:38 a		0.5	
5	8:00 a		0.5	
6	8:00 a		0.5	
7	8:30 a		0.5	
8	8:40 a		0.5	
9	8:00 a		0.5	
10	9:00 a		0.5	
11	9:05 a		0.5	
12	9:00 a		0.5	
13	9:20 a		0.5	
14	9:15 a		0.5	
15	9:20 a		0.5	
16	10 a		0.5	
17	10 a		0.5	
18	9:30 a		0.5	
19	9:38 a		0.5	
20	9:30 a		0.5	
21	9:20 a		0.5	
22	8:15 a		0.5	
23	6:00 a		0.5	
24	9:00 a		0.5	
25	9:00 a		0.5	
26	9:20 a		0.5	
27	9:15 a		0.5	
28	9:20 a		0.5	
29	9:30 a		0.5	
30	9:35 a		0.5	
31	6:15 a		0.5	

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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **Mike Skinner** Title: **Water System Operator** Operator Certification #: _____
 Signature: *Mike Skinner* Phone #: **(541) 414-5434** OR
 Date: **2 12 2026** Small Groundwater System

Return by 10th of following month by either email
 571-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350. ; fax