

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

System Name Bear Creek Mobile PWS ID# 41 00050
 Month/Year June 1 22 Entry Point: # 49 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	8:47 a	Wells 1-2-3 Combined	.5	
2	8:42 a		.55	
3	8:20 a		.45	
4	9:10 a		.45	
5	10:14 a		.5	
6	8:21 a		.45	
7	9:09 a		.45	
8	8:35 a		.45	
9	9:36 a		.5	
10	8:25 a		.5	
11	9:22 a		.5	
12	9:35 a		.5	
13	9:07 a		.5	
14	10:56 a		.5	
15	8:39 a		.5	
16	9: am		.55	
17	9 am		.5	
18	10:32 a		.5	
19	10:05 a		.5	
20	8:45 a		.5	
21	10:11 a		.45	
22	9:22 a		.45	
23	10 am		.45	
24	9:12 a		.5	
25	10:32 a		.5	
26	9:58 a		.5	
27	12:08 p		.5	
28	9:32 a		.5	
29	11:04 a		.55	
30	9:30 a		.55	
31				

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>
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Printed Name: Mike Skinner Title: Water System Operator Operator Certification #: _____
 Signature: Mike Skinner Phone #: (541) 414-8434 OR
 Date: 07/01/2022 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.