

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

System Name Bear Creek Mobile PWS ID# 4100050
 Month/Year July 122 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	12:22 P	Wells 1-2-3 Combined	.5	
2	12:24 P		.55	
3	10:01 a		.5	
4	11:20 a		.5	
5	10:08 a		.5	
6	8:33 a		.45	
7	9:13 a		.5	
8	10:09 a		.5	
9	11 am		.5	
10	10:52 a		.5	
11	8:27 a		.5	
12	10:55 a		.475	
13	9:03 a		.5	
14	8:18 a		.5	
15	9:04 a		.5	
16	10:02 a		.5	
17	10:05 a		.5	
18	9:14 a		.5	
19	9:35 a		.5	
20	9:47 a		.5	
21	10:26 a		.5	
22	9:42 a		.55	
23	10:10 a		.55	
24	9:04 a		.55	
25	8:42 a		.55	
26	9 am		.55	
27	11:44 a		.55	
28	10:16 a		.55	
29	10:46 a		.55	
30	9:53 a		.55	
31	9:39 a		.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>	

Printed Name: Mike Skinner Title: Water System Operator Operator Certification #: _____
 Signature: Mike Skinner Phone #: (503) 414-8434 OR
 Date: 07 131 12022 Small Groundwater System