

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

System Name Bear Creek Mobile PWS ID# 41-00050
 Month/Year August 2022 Entry Point: #2 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	9:17 a	Wells 1-2-3 Combined	.5	
2	10:38 a		.55	
3	9:30 a		.55	
4	9:08 a		.55	
5	9:12 a		.55	
6	9:34 a		.5	
7	10:17 a		.5	
8	9:29 a		.55	
9	8:04 a		.55	
10	9:18 a		.55	
11	11:15 a		.55	
12	9:28 a		.5	
13	9:05 a		.5	
14	10:26 a		.5	
15	7:54 a		.5	
16	8:11 a		.5	
17	8:08 a		.5	
18	8:44 a		.5	
19	8:27 a		.5	
20	9:32 a		.5	
21	10:12 a		.55	
22	8:28 a		.55	
23	8:51 a		.5	
24	8:24 a		.55	
25	8:14 a		.55	
26	8:10 a		.55	
27	10:40 a		.55	
28	10:12 a		.55	
29	8:24 a		.55	
30	11:48 a		.6	
31	8:26 a		.55	

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) 414-8434 OR
 Date: 8/31/2022 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.