

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

System Name Bear Creek Mobile PWS ID# 41 00050  
 Month/Year Sept. 12022 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	2:35 a	Wells 1-2-3 Combined	.5	
2	11:52 a		.55	
3	11:23 a		.55	
4	11:12 a		.5	
5	10:52 a		.5	
6	11:58 a		.55	
7	11:23 a		.6	
8	11:25 a		.6	
9	11:54 a		.55	
10	10:21 a		.55	
11	9:44		.55	
12	8:35		.55	
13	12:05 P		.6	
14	8:16 a		.55	
15	11:32 a		.55	
16	8:40 a		.55	
17	9:23 a		.55	
18	10:42 a		.55	
19	8:10 a		.5	
20	10:40 a		.5	
21	10:24 a		.5	
22	9:11 a		.5	
23	10:47 a		.55	
24	12:09 P		.55	
25	11:32 a		.55	
26	11:43 a		.55	
27	11:50 a		.5	
28	10:54 a		.5	
29	11:39 a		.55	
30	10:47 a		.55	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 #: ( ) \_\_\_\_\_ OR  
 Date: 9/30/2022 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.