

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

System Name Bear Creek Mobile Home Park		PWS ID# 41 00050	
Month/Year OCT 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	10:37 a	Wells 1-2-3 Combined	.55	
2	11:15 a		.6	
3	9:29 a		.6	
4	10:28 a		.6	
5	10:32 a		.6	
6	11 am		.6	
7	9:53		.6	
8	10:43		.6	
9	11:10		.6	
10	11:24		.6	
11	9:08 a		.6	
12	10:09 a		.6	
13	12:02 P		.65	
14	12:08 P		.65	
15	11:21 a		.65	
16	11:38 a		.6	
17	10:46 a		.6	
18	11:40 a		.6	
19	10:12 a		.6	
20	12:36 P		.6	
21	11:18 a		.55	
22	9:52 a		.55	
23	11:23 a		.55	
24	9:04 a		.5	
25	9:30 a		.5	
26	10:50 a		.55	
27	10:38 a		.55	
28	10:46 a		.6	
29	10:09 a		.6	
30	10:23 a		.6	
31	11:38 a		.6	

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 Signature: <i>Mike Skinner</i> Date: 10/31/2022	Title: Water System Operator Phone #: (541) 414-8434	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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Return by 10th of following month by either email dwpcdmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.