

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

System Name Bear Creek Mobile PWS ID# 41 00050  
 Month/Year Nov/2022 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	9:25 a	Wells 1-2-3 Combined	.55	
2	10:48 a		.6	
3	10:45 a		.6	
4	10:58 a		.6	
5	10:54 a		.6	
6	10:21 a		.6	
7	11:53 a		.6	
8	9:08 a		.6	
9	12:27 p		.65	
10	9:25 a		.65	
11	10:38 a		.65	
12	12:38 p		.65	
13	12:10 p		.65	
14	10:08 a		.6	
15	11:44 a		.6	
16	9:20 a		.55	
17	12:32 p		.60	
18	9:55 a		.60	
19	2:22 p		.6	
20	11:32 a		.6	
21	9:47 a		.6	
22	9:35 a		.6	
23	2:48 p		.65	
24	12:11 p		.65	
25	1:21 p		.60	
26	10:20		.60	
27	9:40 a		.60	
28	9:46 a		.60	
29	12:34 p		.60	
30	11:59 a		.60	
31				

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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>
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Printed Name: Mike Skinner Title: Water System Operator Operator Certification #: \_\_\_\_\_  
 Signature: Mike Skinner Phone #: (541) 414-8434 OR  
 Date: 11/30/22 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.

DWP, DMCE @ [odhsohq.oregon.gov](mailto:odhsohq.oregon.gov)

August 22, 2019