

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

System Name **Bear Creek mobile** PWS ID# **41 00050**
 Month/Year **Jan 12023** 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	1:32 P	Wells 1-2-3 Combined	.55	
2	11:17a		.5	
3	10:08a		.5	
4	10:14a		.5	
5	9:28a		.5	
6	9:47a		.5	
7	10:27a		.5	
8	11:51a		.5	
9	9:15a		.5	
10	10:46a		.5	
11	10:20a		.5	
12	9:55a		.5	
13	8:40a		.5	
14	9:41a		.5	
15	10:56a		.5	
16	9:39a		.5	
17	9:25a		.55	
18	9:54a		.55	
19	9:39a		.55	
20	9:48a		.55	
21	10:38a		.55	
22	11:12a		.6	
23	10:15a		.6	
24	9:56a		.6	
25	9:49a		.6	
26	9:20a		.6	
27	9:12a		.6	
28	9:40a		.6	
29	12:00P		.55	
30	1:09 P		.55	
31	10:21 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: **02 10 12023** 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.

dwp_dmce@odhsoka.oregon.gov