

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

System Name Bear Creek Mobile PWS ID# 41 00050
 Month/Year March 2023 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	10:06 a	Wells 1-2-3 Combined	.6	
2	9:40 a		.65	
3	9:49 a		.65	
4	11:04 a		.65	
5	10:30 a		.65	
6	11:40 a		.65	
7	9:06 a		.65	
8	10:57 a		.60	
9	9:11 a		.6	
10	9:02 a		.6	
11	10:48 a		.6	
12	10:31 a		.6	
13	11:36 a		.6	
14	10:34 a		.55	
15	10:18 a		.55	
16	9:20 a		.55	
17	8:59 a		.55	
18	1:46 a		.5	
19	12:22 p		.5	
20	9:15 a		.5	
21	9:45 a		.5	
22	9:09 a		.55	
23	10 AM		.55	
24	9:35 a		.6	
25	10:12		.55	
26	11:22		.55	
27	9 AM		.5	
28	9:27 a		.5	
29	9:34 a		.5	
30	8:33 a		.5	
31	10:23 a		.5	

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: 04 103 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@odhsoha.oregon.gov August 22, 2019