

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

System Name BLUE SPRUCE MOBILE ESTATES PWS ID# 41 00515

Month/Year 01/21 Entry Point: EP-A Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:42	1, 2, 3	1.5	14
2	9:30		1.5	
3	10:22		1.5	
4	8:01		1.5	
5	7:42		1.4	
6	10:50		1.4	
7	11:04		1.5	
8	9:30		1.5	
9	9:15		1.5	
10	12:54		1.4	
11	10:22		1.6	
12	9:03		1.5	
13	8:40		1.5	
14	10:15		1.5	
15	12:15		1.5	
16	1:02		1.5	
17	10:44		1.6	
18	2:04		1.6	
19	10:20		1.6	
20	11:00		1.5	
21	1:31		1.4	
22	7:30		1.4	
23	9:03		1.5	
24	10:21		1.5	
25	11:46		1.5	
26	12:02		1.6	
27	1:17		1.4	
28	8:43		1.4	
29	9:43		1.5	
30	8:02		1.6	
31	10:15		1.6	

Was the chlorine residual ever less than the required minimum residual of 1.2 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours

<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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p align="center"><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 checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>

Printed Name: Robert Bohnerkamp Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (541) 414-9509  
 Date: 01/31/2021 OR  
 Small Groundwater System