

**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 02 12/1 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	7:32	1, 2, 3	1.6	14
2	6:04		1.6	
3	8:22		1.6	
4	8:30		1.6	
5	10:22		1.5	
6	11:02		1.5	
7	9:23		1.5	
8	10:02		1.6	
9	8:10		1.6	
10	11:06		1.5	
11	10:28		1.5	
12	7:02		1.5	
13	11:16		1.5	
14	8:13		1.5	
15	9:26		1.5	
16	8:30		1.5	
17	8:31		1.5	
18	1:05		1.5	
19	10:51		1.4	
20	12:18		1.4	
21	9:22		1.5	
22	11:03		1.5	
23	8:04		1.5	
24	7:32		1.5	
25	11:30		1.5	
26	12:10		1.5	
27	8:23		1.6	
28	6:02		1.6	
29	9:55		1.6*	
30			1.6	
31				

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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <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? <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>

Printed Name: Robert Bohrenkamp Title: MANAGER
 Signature: [Signature] Phone #: (541) 414 9509
 Date: 02 10 2012

Operator Certification #: _____
 OR
 Small Groundwater System