

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

System Name BLUE STARVE MOBILE ESTATES PWS ID# 41 00515

Month/Year 06/21 Entry Point: EP-A Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use 1, 2, 3	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:53		1.6	1.4
2	9:30		1.6	
3	10:24		1.6	
4	8:10		1.6	
5	7:32		1.6	
6	8:40		1.6	
7	9:23		1.6	
8	8:30		1.6	
9	10:03		1.6	
10	11:09		1.6	
11	12:06		1.6	
12	9:22		1.6	
13	8:40		1.6	
14	7:31		1.6	
15	2:03		1.6	
16	6:45		1.6	
17	12:01		1.6	
18	9:42		1.6	
19	6:22		1.6	
20	7:45		1.6	
21	8:57		1.6	
22	9:55		1.5	
23	10:30		1.5	
24	11:20		1.6	
25	6:21		1.6	
26	5:46		1.6	
27	10:40		1.6	
28	8:23		1.6	
29	10:24		1.6	
30	8:02		1.6	
31			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 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? <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 Bohmentkamp Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ OR  
 Date: 06/30/2021 Small Groundwater System