

**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 08/21 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	7:40	4, 2, 3	1.5	14
2	7:20		1.5	
3	10:31		1.5	
4	4:45		1.5	
5	5:36		1.4	
6	6:20		1.4	
7	7:30		1.4	
8	10:22		1.5	
9	11:09		1.4	
10	7:14		1.4	
11	9:21		1.4	
12	3:25		1.4	
13	8:15		1.5	
14	10:20		1.5	
15	9:30		1.5	
16	12:30		1.4	
17	7:30		1.4	
18	10:40		1.4	
19	11:30		1.5	
20	10:36		1.4	
21	9:06		1.5	
22	8:30		1.5	
23	11:02		1.5	
24	4:42		1.5	
25	5:02		1.5	
26	9:44		1.5	
27	10:30		1.4	
28	8:22		1.4	
29	9:20		1.5	
30	6:30		1.5	
31	7:18		1.3	

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 these 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>
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Printed Name: Robert Bolventhal Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: 541/414-9809  
 Date: 08/13/21

OR  
Small Groundwater System