

**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 12/21 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	10:10		15	
2	9:20		15	
3	8:45		15	
4	7:13		16	
5	12:02		16	
6	8:29		15	
7	10:00		16	
8	10:20		16	
9	10:15		16	
10	10:45		16	
11	11:04		15	
12	8:06		16	
13	9:23		16	
14	12:45		16	
15	7:22		16	
16	7:45		15	
17	8:15		15	
18	3:04		14	
19	4:55		14	
20	7:40		15	
21	6:30		16	
22	12:42		16	
23	12:45		15	
24	9:30		13	
25	8:32		15	
26	11:05		15	
27	11:25		16	
28	10:06		16	
29	8:24		16	
30	10:30		15	
31	11:02		13	

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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?
☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: Robert Behnenkamp

Title: MANAGER

Signature: [Signature]

Phone #: (503) 414-9509

Date: 12/31/21

Operator Certification #: _____

OR

Small Groundwater System ☐