

**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 01/22 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	9:25	4, 2, 3	1.5	14
2	7:43		1.5	
3	7:51		1.5	
4	10:22		1.5	
5	9:41		1.6	
6	7:30		1.6	
7	12:10		1.6	
8	11:06		1.6	
9	8:23		1.6	
10	9:30		1.6	
11	10:03		1.6	
12	12:24		1.6	
13	11:16		1.5	
14	1:05		1.6	
15	12:16		1.6	
16	8:10		1.5	
17	9:30		1.5	
18	8:42		1.5	
19	10:01		1.6	
20	2:06		1.6	
21	11:07		1.6	
22	10:47		1.6	
23	10:52		1.6	
24	9:43		1.6	
25	12:36		1.5	
26	11:45		1.5	
27	6:15		1.6	
28	7:50		1.6	
29	8:00		1.6	
30	9:26		1.6	
31	1:20		1.5	

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 these 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 Bohnekatany Title: MANAGER Operator Certification # _____
 Signature: [Signature] Phone #: () _____ OR
 Date: 01/13/2022 Small Groundwater System