

**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 05 13 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	8:40	1, 2, 3	1.6	14
2	8:31		1.6	
3	9:22		1.6	
4	9:35		1.6	
5	10:02		1.6	
6	11:29		1.5	
7	9:09		1.5	
8	11:47		1.5	
9	11:49		1.6	
10	10:15		1.6	
11	8:16		1.6	
12	12:02		1.5	
13	8:19		1.5	
14	7:35		1.5	
15	8:29		1.5	
16	9:15		1.5	
17	10:13		1.5	
18	12:02		1.5	
19	9:14		1.5	
20	10:23		1.5	
21	11:09		1.5	
22	9:22		1.5	
23	9:41		1.5	
24	10:20		1.5	
25	8:21		1.5	
26	9:30		1.5	
27	8:06		1.5	
28	9:24		1.5	
29	7:45		1.5	
30	6:21		1.5	
31	5:23		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 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>
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Printed Name: Robert B. Schenkamp Title: Manager Operator Certification #: _____
 Signature: _____ Phone #: (541) 414-9509
 Date: 05/13/22
 Small Groundwater System