

**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 08/22 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 | 10:22 | 1, 2, 3 | | #14 |
| 2 | 11:02 | | 1.6 | |
| 3 | 9:21 | | 1.6 | |
| 4 | 8:31 | | 1.6 | |
| 5 | 10:20 | | 1.6 | |
| 6 | 11:02 | | 1.6 | |
| 7 | 10:03 | | 1.6 | |
| 8 | 9:32 | | 1.6 | |
| 9 | 8:40 | | 1.6 | |
| 10 | 7:32 | | 1.5 | |
| 11 | 11:01 | | 1.5 | |
| 12 | 9:22 | | 1.5 | |
| 13 | 12:39 | | 1.5 | |
| 14 | 9:22 | | 1.6 | |
| 15 | 7:51 | | 1.6 | |
| 16 | 10:08 | | 1.6 | |
| 17 | 9:47 | | 1.6 | |
| 18 | 11:10 | | 1.6 | |
| 19 | 10:46 | | 1.6 | |
| 20 | 12:02 | | 1.6 | |
| 21 | 7:30 | | 1.5 | |
| 22 | 8:20 | | 1.5 | |
| 23 | 10:31 | | 1.5 | |
| 24 | 1:12 | | 1.6 | |
| 25 | 9:22 | | 1.6 | |
| 26 | 8:40 | | 1.5 | |
| 27 | 11:02 | | 1.5 | |
| 28 | 12:39 | | 1.5 | |
| 29 | 9:31 | | 1.5 | |
| 30 | 9:00 | | 1.4 | |
| 31 | 8:14 | | 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> |
|---|---|

Date continuous monitoring equipment failed: _____
 Date it was returned to service: _____

Printed Name: Robert B. Beyer Title: MANAGER
 Signature: _____ Phone #: (503) 414-9509
 Date: 08/13/2022

Operator Certification #: _____
 OR
 Small Groundwater System