

**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 09/2022 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	9:48	4, 2, 3	1.4	#14
2	10:22		1.4	
3	7:49		1.4	
4	7:20		1.4	
5	10:31		1.4	
6	6:48		1.6	
7	7:02		1.6	
8	11:36		1.5	
9	7:34		1.3	
10	10:07		1.4	
11	10:52		1.4	
12	9:02		1.4	
13	8:29		1.4	
14	9:30		1.5	
15	7:44		1.4	
16	9:30		1.3	
17	2:00		1.3	
18	9:00		1.3	
19	7:54		1.3	
20	7:24		1.4	
21	10:51		1.4	
22	9:20		1.4	
23	8:32		1.4	
24	10:10		1.4	
25	9:46		1.4	
26	9:30		1.4	
27	10:00		1.4	
28	10:05		1.4	
29	9:43		1.4	
30	10:06		1.4	
31			1.4	

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 those 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>
	<p>Date continuous monitoring equipment failed: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>

Printed Name: Mary Jo Bohnerkamp Title: Shift Manager Operator Certification #: \_\_\_\_\_  
 Signature: Mary Jo Bohnerkamp Phone #: 541 414 9509 OR  
 Date: 09/13/2022 Small Groundwater System