

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 12/2022 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	8:23	1, 2, 3	1.4	14
2	9:21		1.4	
3	8:23		1.4	
4	9:40		1.3	
5	11:22		1.3	
6	8:22		1.4	
7	6:30		1.4	
8	8:30		1.4	
9	9:32		1.4	
10	8:23		1.3	
11	10:03		1.3	
12	9:20		1.4	
13	8:47		1.4	
14	10:20		1.3	
15	9:32		1.3	
16	11:27		1.4	
17	11:08		1.4	
18	2:06		1.3	
19	7:05		1.3	
20	12:32		1.3	
21	10:40		1.3	
22	8:31		1.3	
23	9:58		1.3	
24	10:21		1.3	
25	9:32		1.3	
26	9:57		1.3	
27	6:46		1.3	
28	11:29		1.4	
29	8:09		1.4	
30	5:30		1.3	
31	6:46		1.3	

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: Mary Jo Robinson Title: Manager Operator Certification #: _____
 Signature: Mary Jo Robinson Phone #: (531) 414-9509 OR
 Date: 12/31/2022 Small Groundwater System