

**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 11/12/2022 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	5:23	1, 2, 3	1.5	1.4
2	7:58		1.5	
3	8:40		1.5	
4	3:49		1.5	
5	10:22		1.5	
6	4:01		1.5	
7	9:52		1.5	
8	10:43		1.5	
9	9:21		1.5	
10	9:07		1.5	
11	7:23		1.4	
12	6:08		1.4	
13	7:49		1.5	
14	11:33		1.4	
15	10:11		1.4	
16	9:42		1.5	
17	9:20		1.5	
18	9:43		1.5	
19	10:05		1.5	
20	8:49		1.5	
21	8:20		1.6	
22	7:41		1.6	
23	5:43		1.6	
24	6:08		1.6	
25	8:59		1.6	
26	9:02		1.6	
27	8:14		1.6	
28	7:20		1.6	
29	7:30		1.6	
30	5:01		1.6	
31			1.6	

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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: Mary Jo Bahubang Title: MANAGER
Signature: Mary Jo Bahubang Phone #: (541) 414-9509
Date: 11/30/2022

Operator Certification #: _____
OR
Small Groundwater System