

**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 12/22 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	8:28	1, 2, 3	1.6	1.4
2	10:20		1.6	1.4
3	9:18		1.6	
4	8:40		1.6	
5	9:31		1.6	
6	12:22		1.6	
7	6:24		1.6	
8	9:25		1.5	
9	7:13		1.6	
10	8:20		1.6	
11	9:40		1.6	
12	9:52		1.6	
13	5:31		1.6	
14	8:05		1.6	
15	7:22		1.6	
16	8:43		1.6	
17	10:04		1.6	
18	9:07		1.4	
19	8:40		1.6	
20	8:32		1.6	
21	10:40		1.6	
22	9:22		1.5	
23	8:30		1.6	
24	7:22		1.6	
25	10:30		1.6	
26	9:33		1.5	
27	7:20		1.5	
28	6:32		1.5	
29	9:10		1.5	
30	7:31		1.4	
31	8:10		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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: Mary Jo Bahenka Title: MANAGER Operator Certification #: _____
 Signature: Mary Jo Bahenka Phone #: (541) 414-9579 OR
 Date: 12/31/2022 Small Groundwater System