

**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 01/2023 Entry Point: EP-A Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use 1 2 3	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:32		1.5	14
2	9:20		1.4	
3	8:53		1.4	
4	7:12		1.6	
5	8:40		1.6	
6	7:10		1.6	
7	6:20		1.6	
8	4:46		1.6	
9	3:23		1.5	
10	3:35		1.3	
11	7:40		1.3	
12	12:54		1.3	
13	9:20		1.2	
14	8:31		1.6	
15	8:19		1.6	
16	10:31		1.6	
17	7:43		1.6	
18	8:42		1.6	
19	10:24		1.6	
20	9:30		1.6	
21	11:02		1.6	
22	12:55		1.6	
23	8:43		1.6	
24	2:20		1.6	
25	7:52		1.6	
26	6:40		1.5	
27	9:02		1.5	
28	8:43		1.6	
29	10:44		1.6	
30	9:30		1.6	
31	10:33		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: _____/_____/____</p> <p>Date it was returned to service: _____/_____/____</p>
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Printed Name: Mary Jo Pollock Title: MANAGER Operator Certification #: _____
 Signature: Mary Jo Pollock Phone #: (541) 414-9509
 Date: 12/31/2022
1-31-2023

Small Groundwater System