

**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 02/2013

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	11:41	1, 2, 3	1.6	1.4
2	9:21		1.6	
3	10:55		1.6	
4	11:21		1.6	
5	12:32		1.6	
6	8:40		1.5	
7	9:22		1.6	
8	8:20		1.6	
9	10:32		1.6	
10	7:41		1.6	
11	9:02		1.6	
12	8:49		1.6	
13	8:30		1.5	
14	9:12		1.6	
15	3:16		1.6	
16	4:30		1.6	
17	8:21		1.5	
18	9:08		1.4	
19	2:53		1.4	
20	9:22		1.4	
21	10:03		1.4	
22	11:32		1.5	
23	7:10		1.5	
24	3:03		1.5	
25	7:28		1.5	
26	8:04		1.5	
27	10:22		1.5	
28	8:40		1.5	
29			1.5	
30				
31				

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

Printed Name: Mary Jo Bahigant Title: MANAGER
 Signature: Mary Jo Bahigant Phone #: (541) 414-9509
 Date: 02/25/13

Operator Certification #: _____
 OR
 Small Groundwater System