

**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 03/2023 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	10:18	1, 2, 3	1.4	14
2	4:30		1.4	
3	3:32		1.4	
4	5:22		1.4	
5	10:45		1.4	
6	7:40		1.5	
7	7:16		1.5	
8	18:07		1.5	
9	11:43		1.3	
10	10:00		1.6	
11	9:27		1.6	
12	10 Am		1.6	
13	5:10p		1.4	
14	11:15A		1.4	
15	9:00A		1.5	
16	2:15		1.4	
17	1:00		1.6	
18	2:16		1.4	
19	3:30		1.4	
20	6:00pm		1.4	
21	3:30		1.4	
22	3:54		1.5	
23	10:40		1.4	
24	7:40		1.5	
25	9:32		1.7	
26	10:21		1.4	
27	11:02		1.5	
28	12:02		1.4	
29	9:20		1.4	
30	11:02		1.8	
31	10:42		1.4	

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 Behrens Title: MANAGER Operator Certification #: _____
 Signature: Mary Jo Behrens Phone #: (541) 414-9509 OR
 Date: 03/31/2023 Small Groundwater System