

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name <u>BLUE SPRUCE MOBILE ESTATES</u>		PWS ID# <u>41 00515</u>	
Month/Year <u>05/23</u>		Entry Point: <u>EP-A</u>	Required Minimum Residual <u>1.2</u> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:22	1, 2, 3	1.4	#14
2	9:20		1.4	
3	8:50		1.4	
4	7:42		1.5	
5	8:40		1.5	
6	10:11		1.5	
7	7:32		1.4	
8	9:02		1.4	
9	10:31		1.4	
10	8:40		1.4	
11	9:28		1.3	
12	10:20		1.3	
13	11:32		1.4	
14	12:01		1.4	
15	6:45		1.4	
16	7:45		1.4	
17	8:35		1.4	
18	8:45		1.4	
19	4:30		1.6	
20	10:08		1.6	
21	3:44		1.5	
22	10:32		1.5	
23	2:09		1.5	
24	9:40		1.4	
25	8:20		1.4	
26	10:19		1.4	
27	9:21		1.4	
28	4:08		1.4	
29	9:36		1.4	
30	7:42		1.4	
31	6:20		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>
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Printed Name: <u>Mary Jo Bohnerkamp</u> Signature: <u>Mary Jo Bohnerkamp</u> Date: <u>05/11/2023</u>	Title: <u>MANAGER</u> Phone #: <u>(503) 767-3876</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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