

**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 07/23 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	8:35	1, 2, 3	1.4	14
2	9:03		1.4	
3	9:45		1.4	
4	6:20		1.3	
5	4:52		1.4	
6	8:52		1.3	
7	10:30		1.3	
8	7:42		1.2	
9	4:50		1.4	
10	9:52		1.4	
11	5:05		1.4	
12	5:30		1.4	
13	2:45		1.4	
14	6:20		1.4	
15	6:47		1.4	
16	9:21		1.4	
17	4:30		1.4	
18	7:00		1.4	
19	7:00		1.4	
20	8:00		1.4	
21	7:00		1.4	
22	10:02		1.4	
23	7:22		1.4	
24	8:30		1.4	
25	11:30		1.4	
26	11:02		1.3	
27	3:59		1.4	
28	10:02		1.4	
29	11:23		1.3	
30	12:45		1.3	
31	9:31		1.3	

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>

Printed Name: Mary Jo Bohnenkamp Title: MANAGER Operator Certification #: _____
 Signature: Mary Jo Bohnenkamp Phone #: (541) 414-9502 OR
 Date: 07/13/2023 Small Groundwater System