

**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 09/2023 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 | 11:20 | 1, 2, 3 | 1.3 | 14 |
| 2 | 3:50 | | 1.3 | |
| 3 | 9:22 | | 1.3 | |
| 4 | 10:30 | | 1.4 | |
| 5 | 8:23 | | 1.4 | |
| 6 | 9:32 | | 1.4 | |
| 7 | 8:02 | | 1.4 | |
| 8 | 9:20 | | 1.4 | |
| 9 | 11:16 | | 1.4 | |
| 10 | 7:30 | | 1.4 | |
| 11 | 11:47 | | 1.4 | |
| 12 | 9:45 | | 1.3 | |
| 13 | 7:35 | | 1.3 | |
| 14 | 8:09 | | 1.4 | |
| 15 | 12:32 | | 1.4 | |
| 16 | 10:00 | | 1.4 | |
| 17 | 9:42 | | 1.4 | |
| 18 | 8:01 | | 1.4 | |
| 19 | 10:15 | | 1.4 | |
| 20 | 11:51 | | 1.4 | |
| 21 | 11:20 | | 1.4 | |
| 22 | 8:30 | | 1.4 | |
| 23 | 9:03 | | 1.4 | |
| 24 | 10:18 | | 1.3 | |
| 25 | 12:12 | | 1.3 | |
| 26 | 10:16 | | 1.3 | |
| 27 | 9:00 | | 1.3 | |
| 28 | 11:42 | | 1.4 | |
| 29 | 8:00 | | 1.4 | |
| 30 | 8:28 | | 1.4 | |
| 31 | | | 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> | |

Printed Name: Mary Jo Behneptan Title: MANAGER Operator Certification #: _____
 Signature: Mary Jo Behneptan Phone #: (41) 911-9509 OR
 Date: 09/30/2023 Small Groundwater System