

**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 10/23 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	9:22	1, 2, 3	1.4	24
2	10:20		1.4	
3	4:41		1.4	
4	6:02		1.4	
5	6:15		1.4	
6	10:34		1.4	
7	9:22		1.4	
8	6:30		1.3	
9	7:16		1.3	
10	10:20		1.4	
11	7:45		1.4	
12	9:30		1.4	
13	2:20		1.4	
14	8:33		1.4	
15	10:20		1.4	
16	6:43		1.4	
17	7:02		1.4	
18	7:05		1.3	
19	7:50		1.3	
20	5:46		1.4	
21	7:05		1.4	
22	10:20		1.4	
23	11:30		1.4	
24	12:41		1.3	
25	9:00		1.4	
26	6:10		1.4	
27	6:31		1.4	
28	7:05		1.4	
29	7:42		1.4	
30	10:20		1.4	
31	5:36		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 Bohmberg Title: MANAGER
 Signature: Mary Jo Bohmberg Phone #: (541) 414-9509
 Date: 10/31/2023

Operator Certification #: _____
 OR
 Small Groundwater System