

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

System Name BLUE SPRUCE MOBILE ESTATES PWSID# 41 00515
 Month/Year 12/23 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	11:30	1, 2, 3	1.4	14
2	6:32		1.4	
3	7:02		1.4	
4	7:06		1.4	
5	7:20		1.4	
6	9:31		1.4	
7	11:09		1.4	
8	9:30		1.4	
9	10:20		1.4	
10	8:40		1.4	
11	7:36		1.4	
12	6:20		1.4	
13	5:40		1.4	
14	7:36		1.5	
15	10:20		1.5	
16	11:32		1.5	
17	7:47		1.5	
18	7:48		1.5	
19	8:01		1.5	
20	9:23		1.4	
21	6:46		1.4	
22	6:20		1.4	
23	7:02		1.4	
24	7:05		1.5	
25	10:30		1.5	
26	9:20		1.5	
27	10:04		1.4	
28	8:05		1.5	
29	9:04		1.5	
30	11:12		1.5	
31	12:02		1.5	

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 checked="" type="checkbox"/> No</p> <p>Attach these 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 checked="" 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 checked="" 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 Bohmentkamp Title: MUNICIPAL
 Signature: Mary Jo Bohmentkamp Phone #: (541) 411-9509
 Date: 12/13/23

Operator Certification #: _____
 OR
 Small Groundwater System

(Handwritten scribble)