

**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 01/24 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	7:20	1, 2, 3	1.4	14
2	8:02		1.4	
3	6:31		1.4	
4	9:20		1.4	
5	10:31		1.4	
6	9:08		1.4	
7	9:31		1.4	
8	7:30		1.3	
9	7:30		1.3	
10	4:16		1.3	
11	10:22		1.3	
12	9:31		1.3	
13	8:00		1.3	
14	7:05		1.3	
15	7:30		1.4	
16	7:20		1.4	
17	6:30		1.4	
18	10:20		1.4	
19	5:02		1.4	
20	8:40		1.4	
21	10:20		1.4	
22	1:30		1.4	
23	9:05		1.4	
24	7:21		1.4	
25	7:00		1.4	
26	9:02		1.4	
27	5:28		1.4	
28	9:30		1.4	
29	7:01:20		1.4	
30	7:01		1.4	
31	7:32		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 Polinertkamp Title: MANAGER
 Signature: Mary Jo Polinertkamp Phone #: (702) 769-3876
 Date: 01/31/24

Operator Certification #: _____
 OR
 Small Groundwater System