

**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 06/24 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	2	3		
1	12:02				1.4	19
2	9:50				1.4	
3	10:13				1.4	
4	9:32				1.4	
5	7:34				1.4	
6	7:45				1.4	
7	7:50				1.4	
8	7:30				1.5	
9	10:02				1.5	
10	11:12				1.5	
11	1:10				1.4	
12	8:48				1.4	
13	7:10				1.4	
14	9:20				1.4	
15	11:31				1.3	
16	10:55				1.3	
17	9:26				1.4	
18	8:52				1.4	
19	10:11				1.4	
20	10:30				1.4	
21	12:01				1.4	
22	6:22				1.4	
23	7:56				1.4	
24	8:20				1.4	
25	10:15				1.4	
26	7:45				1.4	
27	8:10				1.4	
28	8:45				1.4	
29	8:31				1.4	
30	9:49				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>
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Printed Name: Mary Jo Behmkamp Title: MANAGER
 Signature: Mary Jo Behmkamp Phone #: (702) 769-3876
 Date: 06/30/2024

Operator Certification #: _____
 OR
 Small Groundwater System