

**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 07/24 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	10:20	1, 2, 3	1.4	19
2	9:30		1.4	
3	6:45		1.4	
4	8:21		1.4	
5	10:11		1.4	
6	8:45		1.4	
7	12:01		1.4	
8	5:45		1.3	
9	9:14		1.3	
10	9:40		1.3	
11	8:28		1.4	
12	8:15		1.4	
13	8:32		1.4	
14	10:20		1.4	
15	10:17		1.4	
16	9:22		1.4	
17	10:08		1.4	
18	10:10		1.4	
19	9:20		1.3	
20	7:40		1.3	
21	8:36		1.3	
22	10:41		1.3	
23	16:30		1.3	
24	7:25		1.3	
25	9:40		1.3	
26	8:22		1.3	
27	10:02		1.3	
28	6:30		1.3	
29	5:30		1.3	
30	8:43		1.3	
31	7:19		1.3	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 Babcock Title: MANAGER Operator Certification #: \_\_\_\_\_  
 Signature: Mary Jo Babcock Phone #: (702) 769-3876  
 Date: 07/31/24

OR  
 Small Groundwater System