

**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 09/24 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	10:30	1, 2, 3	1.3	14
2	9:20		1.3	
3	7:32		1.3	
4	8:25		1.3	
5	6:22		1.3	
6	12:01		1.4	
7	11:10		1.4	
8	7:38		1.4	
9	8:30		1.3	
10	9:20		1.3	
11	10:16		1.3	
12	9:02		1.3	
13	11:21		1.3	
14	11:30		1.4	
15	12:02		1.4	
16	7:46		1.4	
17	8:10		1.4	
18	11:19		1.3	
19	7:40		1.3	
20	7:35		1.3	
21	5:03		1.3	
22	8:49		1.3	
23	8:35		1.3	
24	2:25		1.3	
25	3:30		1.4	
26	5:46		1.4	
27	11:03		1.3	
28	9:13		1.3	
29	11:48		1.3	
30	10:00		1.3	
31			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>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>
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Printed Name: Mary Jo Belandier Title: MANAGER Operator Certification #: _____
 Signature: Mary Jo Belandier Phone #: 503-769-3876 OR
 Date: 09/30/24 Small Groundwater System