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: 4 / 2024 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	11:57	1,2,3	1.4	1,4
2	12:02		1.4	
3	4:57		1.4	
4	8:20		1.4	
5	9:20		1.3	
6	3:02		1.3	
7	10:40		1.3	
8	7:31		1.3	
9	8:30		1.3	
10	9:55		1.3	
11	11:02		1.3	
12	8:51		1.3	
13	9:45		1.4	
14	6:45		1.4	
15	7:32		1.3	
16	7:01		1.3	
17	3:33		1.3	
18	8:10		1.3	
19	10:31		1.4	
20	11:02		1.4	
21	7:45		1.4	
22	9:20		1.3	
23	10:35		1.3	
24	9:42		1.3	
25	8:01		1.3	
26	10:00		1.3	
27	10:31		1.3	
28	8:02		1.3	
29	10:15		1.3	
30	9:47		1.3	
31				

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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ____ mg/L? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: Mary Jo Bohnenkamp Title: MANAGER

Signature: Mary Jo Bohnenkamp Phone #: 503 769 3876

Date: 4/30/2024

Operator Certification #: _____

OR

Small Groundwater System ☐