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: 12 24 Entry Point: EP-A Required Minimum Residual: 1.2 mg/L

Date	Time	Source(s) in use 4 2 3	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes 14
1	7:12		1.3	
2	7:36		1.3	
3	10:20		1.3	
4	8:45		1.3	
5	6:32		1.3	
6	7:00		1.3	
7	2:01		1.3	
8	10:22		1.3	
9	8:31		1.3	
10	9:45		1.4	
11	9:30		1.4	
12	10:42		1.4	
13	10:00		1.4	
14	9:30		1.4	
15	10:01		1.4	
16	11:05		1.3	
17	12:37		1.3	
18	7:34		1.3	
19	11:51		1.2	
20	1:00p		1.3	
21	8:00		1.2	
22	11:38		1.3	
23	8:17		1.2	
24	2:53		1.2	
25	10:13		1.3	
26	7:35		1.3	
27	2:53		1.2	
28	9:00		1.2	
29	8:00		1.3	
30	10:20		1.3	
31	9:30		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

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 Bahnemann Title: MANAGER

Signature: Mary Jo Bahnemann Phone #: (702) 769-3876

Date: 12/31/24

Operator Certification #: _____

OR

Small Groundwater System ☐