# 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: 01/25 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 | 8:30 | | 1.4 | |
| 2 | 9:20 | | 1.4 | |
| 3 | 10:20 | | 1.4 | |
| 4 | 11:32 | | 1.3 | |
| 5 | 12:01 | | 1.4 | |
| 6 | 1:30 | | 1.3 | |
| 7 | 1:45 | | 1.3 | |
| 8 | 5:13 | | 1.3 | |
| 9 | 6:07 | | 1.3 | |
| 10 | 10:37 | | 1.3 | |
| 11 | 9:00 | | 1.3 | |
| 12 | 10:20 | | 1.3 | |
| 13 | 5:32 | | 1.4 | |
| 14 | 6:17 | | 1.4 | |
| 15 | 8:45 | | 1.3 | |
| 16 | 9:02 | | 1.3 | |
| 17 | 10:00 | | 1.3 | |
| 18 | 12:13 | | 1.3 | |
| 19 | 1:15 | | 1.3 | |
| 20 | 8:09 | | 1.2 | |
| 21 | 10:31 | | 1.2 | |
| 22 | 4:04 | | 1.2 | |
| 23 | 8:46 | | 1.3 | |
| 24 | 10:21 | | 1.3 | |
| 25 | 10:30 | | 1.3 | |
| 26 | 8:24 | | 1.4 | |
| 27 | 9:20 | | 1.4 | |
| 28 | 10:38 | | 1.3 | |
| 29 | 9:22 | | 1.3 | |
| 30 | 1:45 | | 1.3 | |
| 31 | 8:21 | | 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

**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 Bolinger Title: MANAGER

Signature: Mary Jo Bolinger Phone #: (707) 769-3876

Date: 01/31/25

Operator Certification #: _____

OR

Small Groundwater System ☐