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: 02/25 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		4
1	9:00		1.3	
2	8:20		1.3	
3	10:20		1.4	
4	11:32		1.4	
5	8:32		1.4	
6	6:06		1.4	
7	8:20		1.4	
8	10:20		1.4	
9	8:00		1.4	
10	7:32		1.4	
11	8:46		1.3	
12	9:15		1.3	
13	9:04		1.5	
14	8:22		1.5	
15	10:02		1.5	
16	9:32		1.4	
17	9:40		1.4	
18	1:30		1.4	
19	10:01		1.4	
20	10:42		1.3	
21	11:53		1.5	
22	12:06		1.5	
23	8:40		1.4	
24	9:41		1.4	
25	10:30		1.4	
26	6:21		1.4	
27	9:20		1.4	
28	10:02		1.4	
29				
30				
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 #: (208) 769-3876

Date: 02/28/2025

Operator Certification #: _____

OR

Small Groundwater System ☐