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: 03 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 4
1	9:16		1.4	
2	10:20		1.3	
3	7:45		1.3	
4	8:46		1.3	
5	10:20		1.3	
6	8:02		1.3	
7	11:51		1.2	
8	8:56		1.2	
9	7:43		1.3	
10	6:30		1.3	
11	8:08		1.3	
12	9:10		1.3	
13	11:47		1.4	
14	12:02		1.4	
15	8:29		1.4	
16	10:22		1.3	
17	9:42		1.3	
18	6:40		1.4	
19	7:31		1.4	
20	7:42		1.4	
21	16:10		1.4	
22	7:30		1.4	
23	7:56		1.4	
24	9:20		1.4	
25	12:03		1.4	
26	8:50		1.4	
27	9:30		1.5	
28	6:28		1.5	
29	7:42		1.5	
30	10:20		1.5	
31	11:08		1.5	

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 #: (702) 769-3876

Date: 03/31/25

Operator Certification #: _____

OR

Small Groundwater System ☐