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: 04 2025 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	6:29	1, 2, 3	1.5	
2	11:28		1.5	
3	10:20		1.6	
4	9:47		1.6	
5	11:02		1.6	
6	5:25		1.6	
7	8:04		1.4	
8	12:24		1.5	
9	11:02		1.5	
10	9:30		1.5	
11	10:21		1.5	
12	8:19		1.5	
13	10:11		1.5	
14	6:25		1.5	
15	4:37		1.5	
16	5:10		1.5	
17	8:13		1.5	
18	10:20		1.5	
19	8:45		1.5	
20	10:32		1.5	
21	9:23		1.4	
22	10:15		1.4	
23	8:31		1.4	
24	8:36		1.3	
25	9:03		1.3	
26	7:33		1.4	
27	9:02		1.5	
28	10:21		1.5	
29	7:32		1.5	
30	6:46		1.5	
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) 769-8716

Date: 04/30/25

Operator Certification #: _____

OR

Small Groundwater System ☐