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: 05/25 Entry Point: EP-A Required Minimum Residual: 1.2 mg/L

Date	Time	Source(s) in use 1, 2, 3	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes 4
1	10:20		1.5	
2	9:30		1.5	
3	8:43		1.5	
4	6:20		1.4	
5	7:02		1.4	
6	10:34		1.4	
7	8:04		1.3	
8	6:17		1.3	
9	8:20		1.3	
10	10:30		1.3	
11	7:46		1.4	
12	8:40		1.4	
13	9:32		1.4	
14	10:20		1.4	
15	11:02		1.4	
16	12:20		1.4	
17	9:13		1.4	
18	8:12		1.4	
19	9:30		1.4	
20	10:22		1.4	
21	12:01		1.4	
22	11:05		1.4	
23	2:45		1.4	
24	3:00		1.4	
25	4:10		1.4	
26	4:21		1.4	
27	7:48		1.5	
28	9:32		1.5	
29	11:10		1.5	
30	11:02		1.4	
31	10:22		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 Babuscheup Title: MANAGER

Signature: Mary Jo Babuscheup Phone #: (702) 767-3876

Date: 05/31/25

Operator Certification #: _____

OR

Small Groundwater System ☐