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: 06/25 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	8:35	1, 2, 3	1.4	1.4
2	2:56		1.3	
3	4:20		1.3	
4	4:11		1.3	
5	8:20		1.3	
6	6:05		1.3	
7	7:22		1.3	
8	7:11		1.3	
9	12:03		1.3	
10	4:32		1.3	
11	5:23		1.3	
12	6:32		1.3	
13	6:40		1.4	
14	6:15		1.4	
15	1:45		1.4	
16	8:02		1.4	
17	12:07		1.4	
18	11:49		1.3	
19	8:51		1.3	
20	9:00		1.4	
21	8:45		1.3	
22	6:20		1.3	
23	3:01		1.3	
24	4:45		1.3	
25	12:16		1.3	
26	7:39		1.3	
27	5:42		1.3	
28	4:46		1.4	
29	12:02		1.4	
30	11:10		1.4	
31	8:09		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 reporing 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 Bolenbaugh Title: MANAGER

Signature: Mary Jo Bolenbaugh Phone #: (208) 769-3576

Date: 06/30/25

Operator Certification #: _____

OR

Small Groundwater System ☐