# 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: 07/25 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 | 10:55 | 1, 2, 3 | 1.2 | 1, 4 |
| 2 | 2:45 | | 1.2 | |
| 3 | 4:21 | | 1.2 | |
| 4 | 8:30 | | 1.3 | |
| 5 | 9:02 | | 1.3 | |
| 6 | 9:15 | | 1.3 | |
| 7 | 8:31 | | 1.3 | |
| 8 | 8:02 | | 1.3 | |
| 9 | 9:31 | | 1.3 | |
| 10 | 7:42 | | 1.4 | |
| 11 | 6:33 | | 1.4 | |
| 12 | 6:45 | | 1.3 | |
| 13 | 9:41 | | 1.3 | |
| 14 | 6:02 | | 1.3 | |
| 15 | 7:32 | | 1.3 | |
| 16 | 7:46 | | 1.3 | |
| 17 | 8:10 | | 1.2 | |
| 18 | 11:02 | | 1.2 | |
| 19 | 9:15 | | 1.2 | |
| 20 | 8:02 | | 1.2 | |
| 21 | 6:45 | | 1.2 | |
| 22 | 9:15 | | 1.3 | |
| 23 | 9:45 | | 1.3 | |
| 24 | 10:30 | | 1.3 | |
| 25 | 8:15 | | 1.3 | |
| 26 | 5:46 | | 1.3 | |
| 27 | 7:30 | | 1.2 | |
| 28 | 8:02 | | 1.2 | |
| 29 | 9:20 | | 1.2 | |
| 30 | 11:04 | | 1.2 | |
| 31 | 12:02 | | 1.2 | |

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 Bohrenkamp Title: MANAGER

Signature: Mary Jo Bohrenkamp Phone #: (702) 769-3876

Date: 7/31/25

Operator Certification #: _____

OR

Small Groundwater System ☐