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: 08/25 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	9:10	1, 2, 3	1.2	1-4
2	9:40		1.2	
3	10:22		1.2	
4	10:46		1.2	
5	9:32		1.2	
6	11:80		1.2	
7	5:45		1.2	
8	6:20		1.2	
9	7:05		1.2	
10	7:51		1.3	
11	8:45		1.3	
12	10:21		1.2	
13	11:80		1.2	
14	12:30		1.3	
15	13:52		1.3	
16	8:03		1.3	
17	10:20		1.3	
18	6:45		1.3	
19	2:13		1.2	
20	11:15		1.2	
21	6:05		1.3	
22	8:15		1.3	
23	7:03		1.2	
24	10:10		1.2	
25	1:45		1.2	
26	6:10		1.2	
27	9:20		1.2	
28	7:26		1.2	
29	7:32		1.3	
30	8:40		1.3	
31	8:20		1.3	

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 Bolamperamp Title: MANAGER

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

Date: 08/31/25

Operator Certification #: _____

OR

Small Groundwater System ☐