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: 09 / 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	4:15	1, 2, 3	1.3	1, 4
2	9:05		1.2	
3	3:22		1.2	
4	4:01		1.2	
5	9:32		1.2	
6	8:56		1.2	
7	10:11		1.2	
8	4:55		1.3	
9	12:22		1.3	
10	12:01		1.3	
11	7:10		1.3	
12	2:05		1.3	
13	6:45		1.2	
14	12:02		1.2	
15	10:20		1.2	
16	4:05		1.2	
17	9:20		1.2	
18	10:32		1.3	
19	11:02		1.3	
20	12:00		1.3	
21	10:11		1.3	
22	9:22		1.3	
23	8:28		1.3	
24	9:36		1.3	
25	8:01		1.2	
26	9:32		1.2	
27	8:44		1.2	
28	10:10		1.3	
29	9:32		1.3	
30	8:20		1.3	
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 Bobenkamp Title: MANAGER

Signature: Mary Jo Bobenkamp Phone #: 503 769 3876

Date: 09/30/2025

Operator Certification #: _____

OR

Small Groundwater System ☐