

**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 12/29 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	12:32	1, 2, 3	1.3	
2	11:02		1.3	
3	9:22		1.3	
4	8:05		1.3	
5	9:15		1.3	
6	10:22		1.3	
7	9:31		1.3	
8	8:32		1.3	
9	10:20		1.3	
10	12:35		1.3	
11	9:45		1.3	
12	11:02		1.3	
13	5:03		1.3	
14	6:27		1.3	
15	7:44		1.3	
16	8:49		1.3	
17	10:32		1.3	
18	12:01		1.3	
19	9:07		1.3	
20	11:01		1.3	
21	8:45		1.3	
22	8:32		1.3	
23	9:02		1.3	
24	12:16		1.3	
25	11:10		1.3	
26	9:43		1.3	
27	7:30		1.3	
28	8:45		1.3	
29	3:50		1.3	
30	6:15		1.3	
31	5:21		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  
 Date continuous monitoring equipment failed: \_\_\_/\_\_\_/\_\_\_  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  
 Yes  No  
 Date it was returned to service: \_\_\_/\_\_\_/\_\_\_  
 Attach grab sample results and submit them with this form.

Printed Name: Mary Jo Robinson Title: MANAGER  
 Signature: Mary Jo Robinson Phone #: (503) 769-3876  
 Date: 12/31/25

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System