

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name BEAR MOUNTAIN RV PARK

PWS ID# 41-91544

Month/Year 5/2023 Entry Point: WELL

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				
2				
3				
4				
5				
6				
7				
8				
9		<u>INSTALLED</u>	<u>4-LOG TANK &</u>	<u>PRESSURE PUMP</u>
10				<u>CHLORIDE PUMP SETTING</u>
11	<u>9:06A</u>	<u>FAUCET Well House</u>	<u>1.30</u>	<u>4.5</u>
12	<u>8:10A</u>	<u>"</u>	<u>1.71</u>	<u>4</u>
13	<u>2:35P</u>	<u>"</u>	<u>1.78</u>	<u>3.5</u>
14	<u>11:20A</u>	<u>"</u>	<u>1.32</u>	<u>3.5</u>
15	<u>1:10P</u>	<u>"</u>	<u>1.46</u>	<u>3.25</u>
16	<u>8:00A</u>	<u>"</u>	<u>1.37</u>	<u>3.25</u>
17	<u>12:30P</u>	<u>"</u>	<u>1.29</u>	<u>3.25</u>
18	<u>12:05P</u>	<u>"</u>	<u>1.31</u>	<u>3.5</u>
19	<u>7:50A</u>	<u>"</u>	<u>1.58</u>	<u>3.25</u>
20	<u>10:55A</u>	<u>"</u>	<u>1.33</u>	<u>3.5</u>
21	<u>8:05A</u>	<u>"</u>	<u>1.41</u>	<u>3.5</u>
22	<u>1:40P</u>	<u>"</u>	<u>1.37</u>	<u>3.25</u>
23	<u>1:45P</u>	<u>"</u>	<u>1.32</u>	<u>3.25</u>
24	<u>12:15P</u>	<u>"</u>	<u>1.27</u>	<u>3.50</u>
25	<u>9:00A</u>	<u>"</u>	<u>1.27</u>	<u>3.50</u>
26	<u>4:05P</u>	<u>"</u>	<u>1.35</u>	<u>3.50</u>
27	<u>1:45P</u>	<u>"</u>	<u>1.23</u>	<u>3.50</u>
28	<u>4:15P</u>	<u>"</u>	<u>1.44</u>	<u>3.25</u>
29	<u>4:05P</u>	<u>"</u>	<u>1.23</u>	<u>3.50</u>
30	<u>4:15P</u>	<u>"</u>	<u>1.32</u>	<u>3.50</u>
31	<u>5:15P</u>	<u>"</u>	<u>1.36</u>	<u>3.50</u>

SMB 9
FURTHER TEST
POINT mg/L
1.20
1.68
1.64
1.61
1.40
1.22
1.18
1.22
1.21
1.23
1.14
1.16
1.37

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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: ANTON BREGIARD Title: CO-OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 818-260 OR
 Date: 6/01/2023 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.