

**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 **07/2023** 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	12:20P	Faucet Well House	1.42	Chlorine Pump Setting 3.25
2	9:40A	"	1.55	2.75
3	2:45P	"	1.35	2.75
4	5:05P	"	1.34	2.75
5	4:10P	"	1.28	3.00
6	12:35P	"	1.27	3.00
7	5:20P	"	1.24	3.25
8	4:20P	"	1.40	3.25
9	3:05P	"	1.44	3.25
10	1:30P	"	1.49	3.25
11	2:55P	"	1.43	3.25
12	4:15P	"	1.56	2.75
13	1:30P	"	1.38	2.75
14	9:50A	"	1.27	2.75 ADDED CHLORINE
15	3:25P	"	1.29	2.75
16	10:05A	"	1.28	3.00
17	12:30P	"	1.39	3.00
18	4:35P	"	1.43	3.00
19	1:30P	"	1.40	3.00
20	11:20A	"	1.41	3.00
21	2:35P	"	1.64	2.75
22	4:55P	"	1.49	2.75
23	5:30P	"	1.44	2.75
24	4:20P	"	1.24	3.00
25	3:10P	"	1.38	3.00
26	1:05P	"	1.37	3.00
27	4:50P	"	1.35	3.00
28	1:55P	"	1.37	3.00
29	4:20P	"	1.39	3.00
30	11:20A	"	1.37	3.00
31	5:35P	"	1.36	3.00

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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>	

Printed Name: **AUSTIN BRAGAARD** Title: **Co-OWNER** Operator Certification #: \_\_\_\_\_  
 Signature: *Austin Bragaard* Phone #: **(541) 878-2400** OR  
 Date: **08/01/2023** Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.