

**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 **09/2023** 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 | 8:10A | Faucets in Well House | 1.29 | 3.00 |
| 2 | 1:30P | " | 1.27 | 3.00 |
| 3 | 2:40P | " | 1.26 | 3.00 |
| 4 | 11:35A | " | 1.27 | 3.00 |
| 5 | 2:00P | " | 1.26 | 3.00 |
| 6 | 7:40A | " | 1.25 | 3.00 |
| 7 | 2:35P | " | 1.24 | 3.00 |
| 8 | 10:55A | " | 1.22 | 3.25 |
| 9 | 2:45P | " | 1.38 | 3.25 |
| 10 | 9:50A | " | 1.45 | 3.25 |
| 11 | 12:20P | " | 1.48 | 3.25 |
| 12 | 2:35P | " | 1.47 | 3.25 |
| 13 | 8:05A | " | 1.48 | 3.25 |
| 14 | 2:55P | " | 1.50 | 3.25 |
| 15 | 10:35A | " | 1.51 | 3.25 |
| 16 | 9:15A | " | 1.55 | 3.00 |
| 17 | 4:50P | " | 1.41 | 3.00 ADD CHLORINE |
| 18 | 1:20P | " | 1.30 | 3.00 |
| 19 | 7:40A | " | 1.25 | 3.00 |
| 20 | 8:15A | " | 1.28 | 3.00 |
| 21 | 2:35P | " | 1.27 | 3.00 |
| 22 | 11:25A | " | 1.25 | 3.00 |
| 23 | 8:55A | " | 1.23 | 3.25 |
| 24 | 5:35P | " | 1.35 | 3.25 |
| 25 | 3:15P | " | 1.34 | 3.25 |
| 26 | 11:40A | " | 1.32 | 3.25 |
| 27 | 2:30P | " | 1.30 | 3.25 |
| 28 | 1:00P | " | 1.36 | 3.25 |
| 29 | 8:50A | " | 1.40 | 3.25 |
| 30 | 11:05A | " | 1.44 | 3.25 |
| 31 | N/A | N/A | N/A | N/A |

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 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: **ANTON BOGGARD** Title: **CO-OWNER** Operator Certification #: _____
 Signature: *Anton Boggard* Phone #: **(541) 878-2440** OR
 Date: **10/01/2023** 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.