

**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 **11 / 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	2:55P	Faucet in Wash House	1.35	3.25
2	9:45A	"	1.34	3.25
3	1:20P	"	1.37	3.25
4	2:35P	"	1.36	3.25
5	4:30P	"	1.39	3.25
6	11:25A	"	1.41	3.25
7	11:45A	"	1.40	3.25
8	3:30P	"	1.36	3.25
9	5:10P	"	1.40	3.25
10	10:30A	"	1.39	3.25
11	12:40P	"	1.37	3.25
12	9:15A	"	1.42	3.25
13	1:35P	"	1.39	3.25
14	10:10A	"	1.42	3.25
15	2:05P	"	1.45	3.25
16	2:45A	"	1.43	3.25 Added
17	11:35A	"	1.40	3.25 Chlorine
18	2:30P	"	1.35	3.25
19	2:45P	"	1.37	3.25
20	5:20P	"	1.38	3.25
21	1:30P	"	1.42	3.25
22	1:05P	"	1.40	3.25
23	10:35A	"	1.38	3.25
24	11:15A	"	1.37	3.25
25	8:45A	"	1.39	3.25
26	9:05A	"	1.35	3.25
27	3:55P	"	1.34	3.25
28	2:10P	"	1.32	3.25
29	11:05A	"	1.37	3.25
30	9:40A	"	1.42	3.25
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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><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: <b>ANTHONY BOGGARDE</b> Signature: <i>[Signature]</i> Date: <b>12/01/2023</b>	Title: <b>Co-Owner</b> Phone #: <b>(541) 878-2400</b>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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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.