

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

System Name **BEAR MOUNTAINS RV PARK** PWS ID# **41-91544**  
 Month/Year **12/2003** 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	1:35P	Faucet @ Well	1.40	3.25
2	11:20A	"	1.45	3.25
3	9:30A	"	1.44	3.25
4	3:35P	"	1.43	3.25
5	4:15P	"	1.39	3.25
6	10:20A	"	1.41	3.25
7	5:05P	"	1.45	3.25
8	12:25P	"	1.43	3.25
9	3:10P	"	1.45	3.25
10	2:45P	"	1.47	3.25
11	12:55P	"	1.50	3.25
12	11:10A	"	1.48	3.25
13	1:45P	"	1.47	3.25
14	11:20A	"	1.47	3.25
15	1:50P	"	1.45	3.25
16	3:45P	"	1.42	3.25
17	11:05A	"	1.39	3.25
18	12:55P	"	1.35	3.25
19	8:10A	"	1.32	3.25
20	12:35P	"	1.30	3.25
21	5:35P	"	1.32	3.25
22	1:20P	"	1.31	3.25
23	2:05P	"	1.28	3.25
24	11:05A	"	1.27	3.25
25	9:45A	"	1.25	3.25
26	10:00A	"	1.32	3.25
27	12:35P	"	1.30	3.25
28	3:45P	"	1.27	3.25
29	4:15P	"	1.28	3.25
30	1:15P	"	1.25	3.25
31	3:55P	"	1.28	3.25

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>
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Printed Name: **ANTHONY A. BERGHAARD** Title: **Co-Owner** Operator Certification #: \_\_\_\_\_  
 Signature: *[Signature]* Phone #: **(541) 840-8783** OR  
 Date: **1/1/2004** Small Groundwater System

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