

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

System Name **BONE MOUNTAIN RV PARK**

PWS ID# **4191544**

Month/Year **02/2024** Entry Point: **WELL FAUCET**

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	8:20A	WELL FAUCET	1.34	3.25
2	12:05P	"	1.32	3.25
3	4:45P	"	1.28	3.25
4	3:15P	"	1.24	3.25
5	2:50P	"	1.29	3.25
6	10:20A	"	1.30	3.25
7	9:35A	"	1.31	3.25
8	2:05P	"	1.35	3.25
9	11:55A	"	1.33	3.25
10	8:40A	"	1.26	3.25
11	7:25P	"	1.25	3.25
12	5:00P	"	1.27	3.25
13	10:10A	"	1.29	3.25
14	4:15P	"	1.33	3.25
15	3:30P	"	1.32	3.25
16	10:40A	"	1.29	3.25
17	12:25P	"	1.27	3.25
18	11:05A	"	1.30	3.25
19	1:55P	"	1.31	3.25
20	9:05A	"	1.29	3.25
21	11:45A	"	1.28	3.25
22	10:35A	"	1.25	3.25
23	1:20P	"	1.28	3.25
24	5:20P	"	1.30	3.25
25	4:35P	"	1.28	3.25
26	2:05P	"	1.27	3.25
27	11:55A	"	1.29	3.25
28	9:50A	"	1.32	3.25
29	1:35P	"	1.30	3.25
30	---	---	---	---
31	---	---	---	---

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>
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Printed Name: **ANTHONY BERGARD** Title: **Co-OWNER** Operator Certification #: _____
 Signature: *[Signature]* Phone #: **(503) 240-8183** OR
 Date: **03/01/2024** 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.