

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **01 12021** Entry Point: **WTP-A**

Required Minimum Residual **0.3 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:15A		.67	Shop PT
2	8:25A		.81	shop gw
3	8:00A		.78	shop gw
4	8:00A		.77	Shop .47 #52 gw
5	8:00A		.59	shop gw
6	8:20A		.60	shop SH
7	8:20A		.61	shop SH
8	8:00A		.52	shop gw
9	8:15A		.53	shop SH
10	8:00A		.64	shop gw
11	8:00A		.59	shop gw
12	8:00A		.61	shop gw
13	8:15A		.49	shop SH
14	8:20A		.44	shop SH
15	8:15A		.43	shop SH
16	10:05A		.43	shop
17	10:15A		.47	shop
18	8:30AM		.65	shop GTR
19	8:45A		.44	shop SH
20	8:45A		.43	shop SH
21	8:15A		.43	shop SH
22	8:00A		.57	shop gw
23	8:10A		.39	shop .49 #52 LL SH
24	8:00A		.46	shop gw
25	8:00A		.67	shop gw
26	8:00A		.62	shop gw
27	9:20A		.45	shop SH
28	8:15A		.40	shop SH
29	8:15A		.41	shop SH
30	8:20A		.53	shop SH
31	8:00A		.56	shop gw

pump running  
2:30pm

Was the chlorine residual ever less than the required minimum residual of **0.3 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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: _____	Title: <b>PR2</b>	Operator Certification #: _____
Signature: <u>Steve Heister</u>	Phone #: <b>(541) 332-6774</b>	OR
Date: <b>02102 121</b>		Small Groundwater System <input checked="" type="checkbox"/>