

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

System Name **Humbug Mtn SP**

PWS ID# **4 1 91018**

Month/Year **02/2021** 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	8:00 AM		.67	shop gw
2	8:00 A		.70	shop gw
3	8:20 A		.57	shop SH
4	8:15 A		.58	shop SH
5	8:00 A		.56	shop gw
6	8:20 A		.59	shop SH
7	8:00 A		.64	shop gw
8	8:00 A		.58	shop gw
9	8:00 A		.73	shop gw
10	8:15 A		.54	shop SH
11	10:00 A		.55	shop BH
12	8:00 A		.57	shop gw
13	8:20 A		.58	shop SH
14	8:00 A		.68	shop gw
15	8:30 AM		.69	shop OR
16	8:55 A		.48	shop SH
17	8:15 A		.56	shop SH
18	8:20 A		.51	shop SH
19	8:20 A		.50	shop SH
20	9:15 A		.74	shop PT
21	9:15 A		.55	shop R
22	8:00 A		.51	shop CJW
23	8:00 A		.67	shop gw
24	8:20 A		.43	shop SH
25	8:15 A		.46	shop .48 site 52 SH
26	8:00 A		.49	shop gw
27	8:20 A		.46	shop SH
28	8:00 A		.64	shop gw
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of _____ 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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Steve Husted Title: PR2 Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 332-6774 OR
 Date: 03/02/2021 Small Groundwater System