

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

System Name **Humbog Mtn SP**

PWS ID# **4 1 91018**

Month/Year **03/01/2021** 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	8:02	SH	1.06	Shop gw
2	8:02		1.02	Shop gw
3	8:20A		.51	Shop SH
4	8:15A		.41	Shop SH
5	8:02A		1.02	Shop gw
6	8:02A		1.79	Shop gw
7	8:02A		1.64	Shop gw
8	8:02A		.78	Shop gw
9	8:30A		.49	Shop SH
10	8:15A		.46	Shop SH
11	8:10A		.41	Shop SH
12	8:00A		1.02	Shop gw
13	8:15A		.41	Shop SH
14	8:00A		1.03	Shop gw
15	8:00A		1.58	Shop gw
16	8:00A		1.76	Shop gw
17	8:15A		.42	Shop SH
18	8:20A		.40	Shop SH
19	8:35A		.43	Shop SH
20	8:15A		.41	Shop SH
21	4:15 PM		.51	Shop SH
22	8:00 AM		1.55	Shop gw
23	8:00 AM		1.50	Shop gw
24	8:15A		.41	Shop SH
25	8:15A		.43	Shop SH
26	8:02A		.59	Shop gw
27	8:02A		1.67	Shop gw
28	8:02A		1.58	Shop gw
29	8:02A		1.57	Shop gw
30	8:02A		1.70	Shop gw
31	8:20A		.42	Shop SH

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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: Steve Husted Title: PR 2 Operator Certification #: _____
 Signature: Steve Husted Phone #: (541) 332-6774 OR
 Date: 03/31/2021 Small Groundwater System