

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 **05 / 2024** 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 A		.61	shop gw
2	8:00 A		.60	shop gw
3	8:00 A		.50	shop gw
4	8:00 A		.75	shop gw
5	8:25 A		.47	shop SH
6	8:15 A		.49	shop SH
7	8:00 A		.63	shop gw
8	8:00 A		.76	shop gw
9	8:00 A		.67	shop gw
10	8:00 A		.75	shop gw
11	8:00 A		.63	shop gw
12	8:15 A		.52	shop SH
13	8:15 A		.51	shop SH
14	8:00 A		.71	shop gw
15	8:00 A	9:00 AM site #52 LL .59	.68	shop gw
16	8:00 A		.67	shop gw
17	8:00 A		.76	shop gw
18	8:00 A		.77	shop gw
19	8:15 A		.58	shop SH
20	8:10 A		.72	shop ka
21	8:20 A		.60	shop SH
22	8:20 A		.52	shop SH
23	8:00 A		.78	shop gw
24	8:00 A	10:30 AM site #52 LL .75	.92	shop gw
25	8:00 A		.83	shop gw
26	8:15 A		.61	shop SH
27	8:15 A		.65	shop SH
28	8:10 A		.76	shop SH
29	8:20 A		.73	shop SH
30	8:00 A		.80	shop gw
31	8:00 A		.99	shop gw

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>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 align="center">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>

Printed Name: Steve Husted	Title: PR2	Operator Certification #:
Signature: <i>Steve Husted</i>	Phone #: (541) 332 6774	OR
Date: 06/01/21		Small Groundwater System <input checked="" type="checkbox"/>