

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 **07/21** 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	8:30A		1.05	Shop SH
2	8:00A		1.24	shop gw
3	8:00A		1.11	shop gw
4	7:00A		1.07	shop gw
5	7:00A		1.15	shop gw
6	7:00A		1.34	shop gw
7	8:20A		1.01	shop SH
8	8:20A		.99	shop SH
9	8:00A		1.03	shop gw
10	7:00A		1.09	shop gw
11	7:00A		1.06	shop gw
12	7:00A		1.08	shop gw
13	7:00A		1.00	shop gw
14	8:35A		1.02	shop SH
15	8:10A		.95	shop SH
16	8:00A		1.00	shop gw
17	8:00A		.99	shop gw
18	7:00A		1.02	shop gw
19	7:00A		.89	shop gw
20	7:00A		1.02	shop gw
21	8:25A		.79	shop SH
22	8:30A		.80	shop SH
23	8:00A		.83	shop gw
24	7:00A		.89	shop gw
25	7:00A		.88	shop gw
26	7:00A		.90	shop gw
27	7:00A		.87	shop gw
28	9:00A		.73	shop SH
29	8:10A		.70	shop SH
30	8:10A		.62	shop SH
31	7:00A		.70	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: Steve Husted	Phone #: (541) 332-6774	OR
Date: 07/31/21		Small Groundwater System <input checked="" type="checkbox"/>