

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 **09/21** 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	8:25		.59	Shop SH
2	8:15A		.60	Shop SH
3	8:10A		.55	Shop SH
4	8:40A		.63	Shop SH
5	10:40A		.68	Shop gw
6	8:15A		.76	Shop gw
7	8:10A		.65	Shop SH
8	8:10A		.68	Shop SH
9	8:30A		.68	Shop SH
10	8:00A		.72	Shop gw
11	8:00A		.63	Shop gw
12	8:00A		.72	Shop gw
13	8:00A		.74	Shop gw
14	8:30A		.58	Shop SH
15	8:15A		.58	Shop SH
16	8:30A		.63	Shop SH
17	8:50A		.60	Shop SH
18	8:40A		.54	Shop SH
19	12:26P		.65	Shop KN
20	8:00A		.53	Shop gw
21	8:30A		.46	Shop SH
22	8:10A		.42	Shop SH
23	8:15A		.40	Shop SH
24	8:25A		.35	Shop SH
25	8:00A		.52	Shop gw
26	8:00A		.49	Shop gw
27	8:00A		.51	Shop gw
28	8:30A		.41	Shop SH
29	8:25A		.39	Shop SH
30	8:15A		.34	Shop SH
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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>Date it was returned to service: / /</p>
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<p>Printed Name: <b>Steve Husted</b></p> <p>Signature: <i>Steve Husted</i></p> <p>Date: <b>10/01/2021</b></p>	<p>Title: <b>PR2</b></p> <p>Phone #: <b>(541) 332-6774</b></p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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