

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 **11/21** 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 | 8:30 | | .59 | Shop SH |
| 2 | 8:30 | | .59 | Shop SH |
| 3 | 8:30A | | .52 | Shop SH |
| 4 | 8:30A | | .45 | Shop SH |
| 5 | 8:30A | | .47 | Shop SH |
| 6 | 8:19A | | .47 | Shop SH |
| 7 | 8:10A | | .37 | shop RB |
| 8 | 8:00A | | .51 | shop gw |
| 9 | 8:30A | | .35 | Shop SH |
| 10 | 8:30A | | .30 | Shop SH |
| 11 | 8:25A | | .38 | Shop SH |
| 12 | 8:15A | | .35 | Shop SH |
| 13 | 8:25A | | .30 | Shop Hydrant 30min SH |
| 14 | 8:00A | | .35 | shop RB |
| 15 | 8:00AM | | .30 | shop RB |
| 16 | 8:15A | | .48 | Shop SH |
| 17 | 8:25A | | .37 | Shop SH |
| 18 | 8:25A | | .38 | Shop .30 site 52 SH |
| 19 | 8:15A | | .45 | Shop SH |
| 20 | 8:10A | | .39 | Shop SH |
| 21 | 8:00A | | .49 | shop .41 site 52 gw |
| 22 | 8:00A | | .45 | shop gw |
| 23 | 8:00A | | .57 | Shop gw |
| 24 | 8:10A | | .36 | shop RB |
| 25 | 8:15A | | .48 | shop RB |
| 26 | 8:30A | | .46 | shop RB |
| 27 | 8:00A | | .50 | shop gw |
| 28 | 8:00A | | .58 | shop pump running gw |
| 29 | 8:00A | | .63 | shop gw |
| 30 | 8:40A | | .48 | Shop SH |
| 31 | | | | |

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>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: **11/30/2021** Small Groundwater System