

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 **12/21** 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)	Loc	Notes	Int.
1	8:20A		.53	Shop		SH
2	8:25A		.45	Shop		SH
3	8:00A		.60	Shop		GU
4	8:00A		.52	Shop		GU
5	8:00A		.54	Shop		GU
6	8:00A		.54	Shop		GU
7	8:30A		.45	Shop		SH
8	8:15A		.51	Shop		SH
9	8:15A		.49	Shop		SH
10	8:05A		.38	Shop		SH
11	8:20A		.45	Shop		SH
12	8:00A		.54	Shop		GU
13	8:30A		.49	Shop		GU
14	8:30A		.45	Shop		SH
15	8:15A		.35	Shop		SH
16	8:15A		.40	Shop		SH
17	8:10A		.39	Shop		SH
18	8:15A		.33	Shop		SH
19	8:00A		.45	Shop		GU
20	8:00A		.65	Shop		GU
21	8:10A		.37	Shop		SH
22	8:20A		.31	Shop		SH
23	9:05A		.47	Shop	Hydrant 30 min	SH
24	8:20A		.40	Shop		SH
25	10:00A		.58	Shop		PT
26	8:00A	Reading not taken	.52	Shop		GU
27	8:00A		.52	Shop	ran hydrant 30 min	GU
28	8:00A		.44	Shop		GU
29	10:00A		.51	Shop		PT
30	9:00A		.54	Shop		PT
31	8:00A		.61	Shop		

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

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes 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: **PR2**

Operator Certification #:

Signature: *Steve Husted*

Phone #: **(541) 332-6774**

OR

Date: **01/04/22**

Small Groundwater System