

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 **01 / 2022** 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	12:00		.59	shop gw
2	8:00		.56	shop gw
3	9:00		.65	shop gw
4	8:30A		.42	shop SH
5	8:15A		.37	shop SH
6	8:15A		.35	shop SH
7	12:30P		.42	shop SH
8	8:20A		.32	shop SH
9	8:00A		.48	shop gw
10	8:00A		.65	shop gw
11	8:15A		.35	shop SH
12	8:15A		.40	shop SH
13	8:15A		.39	shop SH
14	8:10A		.43	shop SH
15	8:10A		.46	shop SH
16	11:40AM		.41	shop KR
17	11:50AM		.36	shop CR
18	8:25A		.42	shop SH
19	8:10A		.31	shop SH
20	8:25A		.38	shop SH
21	8:10A		.50	shop gw
22	8:00A		.65	shop gw
23	12:00PM		.72	shop gw
24	10:45AM		.68	shop gw
25	8:25A		.50	shop SH
26	8:25A		.62	shop SH
27	8:10A		.59	shop SH
28	8:30A		.64	shop SH
29	8:15A		.64	shop SH
30	8:00A		.91	shop gw
31	8:00A		.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>
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Printed Name: Steve Husted	Title: PR2	Operator Certification #:
Signature: <i>Steve Husted</i>	Phone #: (541) 332-6774	OR
Date: 02/01/22		Small Groundwater System <input checked="" type="checkbox"/>