

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 **02 / 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	8:15A		.65	Shop SH
2	8:15A		.71	Shop SH
3	8:25A		.67	Shop SH
4	8:15A		.74	Shop SH
5	8:15A		.77	Shop SH
6	8:00A		.70	Shop gw
7	8:00A		.92	Shop gw
8	8:00A		.78	Shop gw
9	8:15A		.77	Shop SH
10	8:10A		.86	Shop SH
11	8:10A		.81	Shop SH
12	8:10A		.86	Shop SH
13	8:00A		.87	Shop gw
14	8:00A		1.00	Shop gw
15	8:25A		.80	Shop SH
16	8:10A		.85	Shop SH
17	8:15A		.81	Shop SH
18	8:35A		.82	Shop SH
19	8:10A		.81	Shop SH
20	8:00A		.81	Shop gw
21	10:45A		.84	Shop gw
22	8:20A		.86	Shop SH
23	8:15A		.78	Shop SH
24	8:15A		.78	Shop SH
25	8:10A		.82	Shop SH
26	8:10A		.75	Shop SH
27	8:00A		.86	Shop gw
28	8:00A		.92	Shop gw
29				
30				
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><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 align="center"><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>

Printed Name: Steve Husted Title: PR2 Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 332-6774 OR  
 Date: 03/01/22 Small Groundwater System