

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **04/2022** 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	8:30A		.71	Shop SH
2	8:15A		.68	Shop SH
3	8:00A		.75	Shop SH
4	8:30A		.80	Shop SH
5	8:30A		.89	Shop SH
6	8:20A		.74	Shop SH
7			.78	
8	8:25A		.78	Shop SH
9	8:30A		.83	Shop SH
10	10:45A		.79	Shop SH
11	8:30A		.79	Shop SH
12	8:30A		.86	Shop SH
13	8:20A		.72	Shop SH
14	8:20A		.73	Shop SH
15	8:10A		.78	Shop SH
16	8:00A		.86	Shop SH
17	8:00A		.83	Shop SH
18	8:25A		.68	Shop SH
19	8:30A		.80	Shop SH
20	8:30A		.80	Shop SH
21	8:20A		.76	Shop SH
22	8:25A		.93	Shop SH
23	8:50A		.88	Shop SH
24	8:00A		.89	Shop SH
25	8:00A		1.01	Shop SH
26	8:25A		.76	Shop SH
27	8:25A		.91	Shop SH
28	8:05A		.82	Shop SH
29	8:15A		.73	Shop SH
30	8:15A		.77	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.

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: **PR**

Operator Certification #:

Signature: *Steve Husted*

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

OR

Date: **04/30/22**

Small Groundwater System