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

Month/Year 05 1,2 2 Entry Point WTP-A Required Minimum Residual 0.3 mg/l.	System	Name	Humbug Mtn SP		PW	PWS ID# 4 1 91018		
Date Time Source(s) in use distribution system (mg/L) 1	Month/Year 05 / 2.2 Entry Point: WTP-A Required Minimum Residual 0.3 mg/L							
1	Date	Time	Source(s) ir	ı use	residual at entry point to	/	Notes	
2 0.50Pm .90 .5 km .90 .5 km .90 .5 km .90 .5 km	1	8:00 AM		1	.84	shop	gu	
4	- 2	10:50A1	1	8 8		Shap	gw,	
5	3	8:39 1			, 83	Shop	5/1	
6		8:10A			,67	Shop	5/+	
1					.62		,	
S		8:25A			0/3	Shop		
10 8.40					./5	Shop	2/1	
10 8.49	-				180	Shap	94	
11		V .		-		STUP	34	
12 8:20 A						Shop	51/	
13 \$15.4 \$7 \$7.5 \$7 \$7 \$7.5 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7	Contract of the Contract of th			100		Insp		
14 8.32 /	100000					Slan	1	
15 8:40 A		7:13 H		*		5600		
16 8;20 A		21/0	<u></u>			SHOP	20	
17 8:20.4		8.704				Sha	SH	
18 8:25 Shy Sth Shy						Shap	814	
19 8 26						Shop	SH	
20 8;25A					. 78	Shop		
21 8:40A					66	Shop	511	
22 8.45 A 89 Shop SH 25 8.15 A 88 Shop SH 26 8.35 A 89 Shop SH 27 8.05 A 89 Shop SH 28 8.05 A 99 Shop SH 28 8.05 A 99 Shop SH 29 SH						Shap	5/4	
23 8 3 4 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		8:45A			,75	SHOP	tec	
25 8:15 A	23	8:NA					gu	
26 8:35A	24	8:20 A				Shop		
26 8:351	25	8:15 A		2000				
28 8.WA					. 89	Shop		
29	_	8:05A	1		.98	Slop		
30 \$ 100 A 31 \$ 160 A \$ 160 A		DIV VI			094	Ship	5/1	
Stap		A			1 +3	Ship	- Gr	
Was the chlorine residual ever less than the required minimum residual of O, 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. 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. Printed Name: Steve Husted Title: PR Operator Certification #:		8:00 A	γ			Shop	Cyy	
If yes, what was the longest time period until the required level was restored? Notified by end of next business day.								
Title: PR 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 Date 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. Printed Name: Steve Husted GWS Serving More Than 3,300 Date 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. Printed Name: Steve Husted Title: PR Operator Certification #:	A CONTRACTOR OF THE CONTRACTOR							
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. 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. Printed Name: Steve Husted GWS Serving More Than 3,300 Date 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. Printed Name: Steve Husted Title: PR Operator Certification #:								
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. 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 fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the 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 failed:								
until the residual returned to mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form. 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. Printed Name: Steve Husted Title: PR Title: PR To perator Certification #:	GW	S Serving	3,300 or Fewer				l l	
as required?						ny time this		
Attach those results and submit them with this form. If yes, were grab samples collected every four nours that the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Date it was returned to service:				reporting month? Yes No		1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		
this form. required? Yes No Attach grab sample results and submit them with this form. Printed Name: Steve Husted Title: PR Operator Certification #:								
Attach grab sample results and submit them with this form. Printed Name: Steve Husted Title: PR Operator Certification #:	and the first property contracts are represented as the community of the contract contract contract contract contracts.					ed to service as	The control of the Co	
Printed Name: Steve Husted Title: PR Operator Certification #:	uno IOIII.			80 90 C C S - 30 C S - 30 C S		with this form	TO THE PARTY OF TH	
Printed Name: Steve Husted Title: PR Operator Certification #:	Attach yian sample results and sannit them with this form.							
Cionatura: Mr. Markett Phone #: (KUI) 727-1-7711	Printed	Name:5/e	ve Husted	Title: PR		Operator Certification #:		
oldinature. / The first from Finding #. (07/ 1) CO//7	OR							
Date: (2/2 1/2) 122 Small Groundwater System [X]	Date: 06 101 122 Small Groundwater System 🗵							