

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **05/22** 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	8:02AM		.84	shop gw
2	10:50AM		.90	shop gw
3	8:30 A		.83	shop SH
4	8:10A		.67	shop SH
5	7:35AM		.62	shop GTR
6	8:25A		.75	shop SH
7	8:20A		.75	shop SH
8	8:00A		.80	shop gw
9	8:00A		.81	shop gw
10	8:40 A		.71	shop SH
11	8:15A		.65	shop SH
12	8:20 A		.72	shop SH
13	8:10 A		.79	shop SH
14	8:25A		.67	shop SH
15	8:40A		.63	shop PC
16	8:20A		.70	shop SH
17	8:20 A		.70	shop SH
18	8:25A		.65	shop SH
19	8:25A		.78	shop SH
20	8:25A		.66	shop SH
21	8:40A		.74	shop SH
22	8:45A		.75	shop PC
23	8:00A		.89	shop gw
24	8:20A		.95	shop SH
25	8:15A		.85	shop SH
26	8:35A		.89	shop SH
27	8:05A		.98	shop SH
28	8:15A		.94	shop SH
29	8:00A		.73	shop gw
30	8:00A		.99	shop gw
31	8:15A		1.03	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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: <u>Steve Husted</u> Signature: <u>[Signature]</u> Date: <u>06/01/22</u>	Title: <u>PR</u> Phone #: <u>(541) 332-6774</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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