

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 **08/22** 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	8:00A		.60	shop gw
2	8:25A		.58	shop SH
3	8:30A		.46	shop SH
4	8:30A		.54	shop SH
5	8:15A		.54	shop SH
6	8:10A		.76	shop SH
7	8:00A		.62	shop gw
8	8:00A		.57	shop gw
9	8:15A		.52	shop SH
10	8:20A		.51	shop SH
11	8:15A		.54	shop SH
12	8:20A		.65	shop SH
13	8:20A		.58	shop SH
14	1:15PM		.54	shop GR
15	8:00A		.57	shop gw
16	8:00A		.56	shop gw
17	8:20A		.46	shop SH
18	8:30A		.48	shop SH
19	8:20A		.44	shop SH
20	8:15A		.50	shop SH
21	8:00A		.67	shop gw
22	8:00A		.54	shop gw
23	8:00A		.57	shop gw
24	8:25A		.41	shop SH
25	8:25A		.43	shop SH
26	8:10A		.44	shop SH
27	8:20A		.44	shop SH
28	8:00A		.50	shop gw
29	8:00A		.56	shop gw
30	8:15A		.52	shop SH
31	8:30A		.38	shop SH

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: <b>Steve Husted</b>	Title: <b>PR2</b>	Operator Certification #:
Signature: <i>Steve Husted</i>	Phone #: <b>(541) 332-6774</b>	OR
Date: <b>08/31/22</b>		Small Groundwater System <input checked="" type="checkbox"/>