

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 **09/22** 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	8:25A		.47	Shop SH
2	8:30A		.40	Shop SH
3	8:25A		.44	Shop SH
4	8:00A		.50	Shop CJW
5	8:00A		.51	Shop CJW
6	8:30A		.45	Shop SH
7	8:05A		.46	Shop SH
8	8:30A		.34	Shop SH
9	9:00A		.33	Shop SH
10	8:30A		.52	Shop RB
11	8:30A		.4	Shop RB
12	8:00A		.46	Shop CJW
13	8:15A		.48	Shop CJW
14	9:35A		.42	Shop RB
15	8:30A		.43	Shop SH
16	8:30A		.48	Shop SH
17	8:25A		.51	Shop SH
18	8:00A		.58	Shop CJW
19	8:00A		.57	Shop CJW
20	8:30A		.63	Shop RB
21	8:30A		.51	Shop RB
22	8:15A		.52	Shop RB
23	8:00A		.43	Shop CJW
24	8:00A		.54	Shop CJW
25	8:00A		.55	Shop CJW
26	8:00A		.72	Shop CJW
27	8:40A		.52	Shop SH
28	8:20A		.53	Shop SH
29	8:25A		.51	Shop SH
30	8:20A		.58	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.

<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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<p>Printed Name: Steve Hustad</p> <p>Signature: <i>[Signature]</i></p> <p>Date: 10/01/22</p>	<p>Title: Park Ranger</p> <p>Phone #: (541) 332-6771</p>	<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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