

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 **10 122** 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	8:20A		.50	Shop SH
2	8:00A		.63	Shop GW
3	8:00A		.49	Shop GW
4	8:25A		.55	Shop SH
5	8:15A		.54	Shop SH
6	8:15A		.56	Shop SH
7	8:30A		.55	Shop SH
8	8:20A		.60	Shop SH
9	8:00A		.55	Shop GW
10	12:00pm		.68	Shop PH
11	8:15A		.58	Shop SH
12	8:20A		.73	Shop SH
13	8:25A		.53	Shop SH
14	8:25A		.52	Shop SH
15	8:15A		.48	Shop SH
16	8:15A		.62	Shop PH
17	8:30A		.63	Shop PH
18	8:25A		.49	Shop SH
19	8:15A		.57	Shop SH
20	8:20A		.71	Shop SH
21	8:20A		.64	Shop SH
22	8:20A		.65	Shop SH
23	8:30A		.63	Shop PH
24	8:35A		.99	Shop PH
25	8:20A		.52	Shop SH
26	8:25A		.54	Shop SH
27	8:25A		.53	Shop SH
28	8:20A		.49	Shop SH
29	8:20A		.50	Shop SH
30	8:00A		.58	Shop GW
31	8:00A		.55	Shop GW

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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><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 checked="" 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>
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<p>Printed Name: <u>Steve Husted</u></p> <p>Signature: <u>[Signature]</u></p> <p>Date: <u>11/01/12</u></p>	<p>Title: <u>PR</u></p> <p>Phone #: <u>(541)332-6774</u></p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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