

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **11 / 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	8:40A		.43	Shop SH
2	8:15A		.48	Shop SH
3	8:20A		.42	Shop SH
4	8:15A		.35	Shop SH
5	8:15A		.45	Shop SH
6	8:00A		.43	Shop gw
7	8:00A		.45	Shop gw
8	8:15A		.36	Shop SH
9	8:30A		.33	Shop SH
10	8:20A		.30	Shop SH
11	8:10A		.43	Shop SH
12	8:15A		.36	Shop SH
13	8:20A		.37	Shop PH
14	8:00A		.47	Shop gw
15	8:25A		.43	Shop SH
16	8:20A		.47	Shop SH
17	8:10A		.45	Shop SH
18	8:15A		.51	Shop SH
19	8:30A		.62	Shop SH
20	8:40A		.69	Shop PH
21	8:00A		.50	Shop gw
22	8:00A		.65	Shop gw
23	8:00A	@ 3:30pm .79	1.01	Shop gw
24	8:00AM		.80	Shop gw
25	10:50AM		.74	Shop PH
26	10:40AM		.55	Shop PH
27	8:50A		.76	Shop PH
28	8:00A		.72	Shop gw
29	8:45A		.60	Shop SH
30	8:30A		.56	Shop SH
31				

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>Date it was returned to service: / /</p>
--	--	---

Printed Name: Steve Husted Title: Park Ranger
 Signature: [Signature] Phone #: (541) 332-6774
 Date: 11 / 22

Operator Certification #:
 OR
 Small Groundwater System