

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **12 / 2022** 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	8:15A		.58	Shop SH
2	8:10A		.58	Shop SH
3	8:10A		.56	Shop SH
4	8:30A		.65	Shop PH
5	8:00A		.51	Shop CW
6	9:00A		.71	Shop SH
7	8:30A		.63	Shop SH
8	8:20A		.59	Shop SH
9	8:15A		.67	Shop SH
10	8:25A		.62	Shop SH
11	8:40A		.67	Shop PH
12	8:30A		.60	Shop PH
13	8:30A		.50	Shop SH
14	8:20A		.50	Shop SH
15	8:25A		.53	Shop SH
16	8:20A		.54	Shop SH
17	8:10A		.61	Shop SH
18	8:00A		.58	Shop CW
19	8:00A		.70	Shop CW
20	8:15A		.60	Shop SH
21	8:10A		.57	Shop SH
22	8:10A		.65	Shop SH
23	8:15A		.65	Shop SH
24	8:15A		.61	Shop SH
25	10:10A		.71	Shop CW
26	8:00A		.76	Shop CW
27	10:00A		.61	Shop CW
28	8:10AM		.47	Shop GTR
29	8:15AM		.55	Shop GR
30	8:00AM		.53	Shop CW
31	8:00AM		.61	Shop CW

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>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>
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Printed Name: Steve Husted Title: Park Ranger Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 322 6774 OR
 Date: 01 10 3 123 Small Groundwater System