

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 **01 12023** 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 | 10:30A | | .50 | shop gw |
| 2 | 8:00A | | .48 | shop gw |
| 3 | 8:20A | | .45 | shop SH |
| 4 | 8:10A | | .55 | shop SH |
| 5 | 8:25A | | .67 | shop SH |
| 6 | 8:10A | | .54 | shop SH |
| 7 | 8:10A | | .46 | shop SH |
| 8 | 8:00A | | .63 | shop gw |
| 9 | 8:00A | | .65 | shop gw |
| 10 | 8:00A | | .54 | shop gw |
| 11 | 8:30A | | .52 | shop PH |
| 12 | 8:00A | | .56 | shop PH |
| 13 | 8:00A | | .62 | shop gw |
| 14 | 9:20A | | .49 | shop SH |
| 15 | 8:00A | | .51 | shop gw |
| 16 | 8:10AM | | .63 | shop GR |
| 17 | 8:20A | | .45 | shop SH |
| 18 | 8:25A | | .39 | shop SH |
| 19 | 8:35A | | .45 | shop SH |
| 20 | 8:20A | | .44 | shop SH |
| 21 | 8:25A | | .42 | shop SH |
| 22 | 8:00A | | .58 | shop gw |
| 23 | 8:00A | | .57 | shop gw |
| 24 | 8:30A | | .59 | shop SH |
| 25 | 8:10A | | .45 | shop SH |
| 26 | 8:10A | | .44 | shop SH |
| 27 | 8:25A | | .54 | shop SH |
| 28 | 8:10A | | .45 | shop SH |
| 29 | 8:15AM | | .71 | shop GR |
| 30 | 8:00AM | | .42 | shop gw |
| 31 | 8:15A | | .51 | 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>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 | Operator Certification #: |
| Signature: <i>Steve Husted</i> | Phone #: (541) 332-6774 | OR |
| Date: 01/31/23 | | Small Groundwater System <input checked="" type="checkbox"/> |