

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **02 / 2023** 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		.50	shop SH
2	8:10A		.45	shop SH
3	8:30A		.56	shop SH
4	8:10A		.53	shop SH
5	8:00A		.59	shop cju
6	8:00A		.65	shop cju
7	8:15A		.49	shop SH
8	8:20A		.49	shop SH
9	8:20A		.56	shop SH
10	8:15A		.50	shop SH
11	8:05A		.48	shop SH
12	8:20A		.62	shop SH
13	8:00A		.57	shop cju
14	8:15A		.52	shop SH
15	8:15A		.51	shop SH
16	8:15A		.55	shop SH
17	8:20A		.55	shop SH
18	8:20A		.53	shop SH
19	10:25A		.59	shop cju
20	10:50A		.60	shop cju
21	8:20A		.65	shop SH
22	8:25A		.64	shop SH
23	9:10A		.65	shop SH
24	9:00A		.56	shop SH
25	8:00A		.65	shop cju
26	8:30A		.65	shop SH
27	8:25A		.60	shop SH
28	8:00A		.72	shop cju
29				
30				
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><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 align="center"><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 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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Printed Name: <u>Steve Husted</u>	Title: <u>Park Ranger</u>	Operator Certification #:
Signature: <u>[Signature]</u>	Phone #: <u>(541) 332-6774</u>	OR
Date: <u>03/02/2023</u>		Small Groundwater System <input checked="" type="checkbox"/>