

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 **Apr:11 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	8:30A		.60	shop SH
2	8:00A		.58	shop gw
3	8:05 AM		.58	shop mk
4	8:15 AM		.57	shop mk
5	8:10 AM		.51	shop mk
6	8:30A		.52	shop SH
7	8:30A		.55	shop SH
8	8:10 AM		.51	shop mk
9	8:10 AM		.53	shop mk
10	8:15 AM		.54	shop mk
11	8:10A		.59	shop SH
12	8:30A		.73	shop SH
13	8:25A		.49	shop SH
14	8:10A		.45	shop SH
15	8:40A		.44	shop gw
16	8:00A		.78	shop gw
17	8:00A		.65	shop gw
18	8:25A		.52	shop SH
19	8:40A		.54	shop SH
20	8:15A		.52	shop SH
21	8:20A		.63	shop SH
22	8:45A		.63	shop SH
23	8:20 AM		.64	shop mk
24	8:20 AM		.68	shop mk
25	8:15 AM		.68	shop mk
26	8:10 AM		.67	shop mk
27	8:10 AM		.66	shop GTR
28	8:00 AM		.76	shop gw
29	8:00 AM		.66	shop gw
30	8:00 AM		.73	shop gw
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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>
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Printed Name: **Steve Husted** Title: **Park Ranger** Operator Certification #: _____
 Signature: *Steve Husted* Phone #: **(332) 541-332-6774** OR
 Date: **05/03/2023** **May 3, 2023** Small Groundwater System