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

Date Time Source(e) in use Lowest free chlorine residual at entry point to distribution system (mg/L)	System	n Name	Humbug Mtn SP	VS ID# 41 9	1018			
Date Time Source(s) in use residual at entry point to distribution system (mg/L)	Month/Year プレルコ 2023 Entry Point: WTP-A Required Minimum Residual 0.3 mg/L							
2 \$ 1.40 A	Date		Source(s) ii	n use	residual at entry point to distribution system (mg/L)		Notes	
3					.80	Shop	SH	
4					,75	Shop	5/1	
5. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3				.75	Shop	SH	
6					188	Shop	4W	
7 8.3 5 A 8 3h.5 3h		8:00H				Shop	30	
8 8:30 A 9 8:00 Shop SH 9 8:00 Shop SH 10 8:20 A 10 Shop SH 11 8:00 A 10 Shop SH 12 8:00 A 10 Shop SH 13 8:20 A 10 Shop SH 14 8:25 A 10 Shop SH 15 8:10 A 10 Shop SH 16 8:10 A 10 Shop SH 17 8:10 A 10 Shop SH 18 8:00 A 10 Shop SH 18 8:00 A 10 Shop SH 19 8:00 A 10 Shop SH 19 8:00 A 10 Shop SH 10 Shop SH 10 Shop SH 11 8:00 A 10 Shop SH 12 8:10 A 10 Shop SH 13 8:20 A 10 Shop SH 14 8:25 A 10 Shop SH 15 8:10 A 10 Shop SH 16 8:10 A 10 Shop SH 17 8:10 A 10 Shop SH 18 8:10 A 10 Shop SH 19 8:10 A 10 Shop SH 10 Shop SH 10 Shop SH 11 8:10 A 10 Shop SH 11 8:10 A 10 Shop SH 12 8:10 A 10 Shop SH 12 8:10 A 10 Shop SH 13 8:20 A 10 Shop SH 14 8:10 A 10 Shop SH 15 8:10 A 10 Shop SH 16 8:10 A 10 Shop SH 17 8:10 A 10 Shop SH 18 8:10 A 10 Shop SH 19 8:10 A 10 Shop SH 10 Shop SH 10 Shop SH 10 Shop SH 11 Shop SH 11 Shop SH 11 Shop SH 12 Shop SH 13 Shop SH 14 Shop SH 15 Shop SH 16 Shop Sh 17 Sh 18 Sh 18 Sh 18 Sh 19 Sh 10 Sh	6	8:25A			.97	5/180	M USH	
9 8 10 A 9 9	7.	8:35 A			. 89	Shop	5/4	
9 8 10 A 9 9	8.	8:30 A				Shop	54	
10 8;20 A	9	8:10A				Shop	<i>\$J/</i>	
11	10						5/1	
12 8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Shun		
13 \$\frac{8}{20} A					.Ho	Sho	. 2	
14 \$7.6 / A					58	Shoo	7511	
15 8./6 A		8:2-1						
16 7.407 17 8.10A 18 8.00A 19 8.00A 10 6 8.00C 20 8.30A 10 6 8.00C 21 8.10A 22 8.10A 23 8.30A 24 8.15A 25 8.00A 26 8.00A 27 8.40A 27 8.40A 28 8.15A 29 8.00A 20 8.30A 20 8.30A 21 8.15A 22 8.10A 23 8.30A 24 8.15A 25 8.00A 26 8.00A 27 8.40A 28 8.15A 29 8.05A 30 8.20A 30						2/13/	5//	
17 8/64					49	Shep	S/7	
18 8 WA						2hs/	<u> </u>	
19 \$ \text{\$\chinar{\text{\$\ch		CLD21			1.1	May	3/4	
20 8:30 A					107	 	<u> </u>	
21 8; 0 A		 			100	Shoo	$-\frac{\omega}{2}$	
23 8:33 A .65 .5h2 .5t4 .25					• 15	Shop	<u> </u>	
23 8:33 A .65 .5h2 .5t4 .25					.62	Shop	<i>S</i> / ₁ ,	
24 8;15A					.74	Shop	<u>S/</u>	
25 8 3 7 A 82 5 No C C No C No C No C No C No C No C		,,,,,,			.65	Shop	S/ -/	
26 8:07 A					<i>"</i> 67	Shop	51-/	
27 8:45 A		8:00A			165	5hop	Ju	
28 \$\ \frac{1}{5}	26	8:00 A			.82	Shup	<u>Gin</u>	
28 \$:/5A	27	8:45A			.67	Shop	1 5/1	
29 \$5.5 A	28	8:15A			.79		5/4	
Was the chlorine residual ever less than the required minimum residual of 0.3 mg/L? 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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: Sfeve Hustel Title: Park Ranger Operator Certification #: Phone #: (54/1) 332-61744 OR	29				.75		S/-/	
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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: Sfeve Hustel Title: Park Ranger Operator Certification #: One	30				:75	Shop	514	
If yes, what was the longest time period until the required level was restored? Serving 3,300 or Fewer GWS Serving More Than 3,300	31	-						
Did continuous monitoring equipment fail at any time this reporting month? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Sfeve Husted Title: Park Ranger Operator Certification #: Phone #: (54/1) 332-6774 OR	Was the chlorine residual ever less than the required minimum residual of 0.3 mg/L? Yes X No If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be							
Did continuous monitoring equipment fail at any time this reporting month? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Sfeve Husted Title: Park Ranger Operator Certification #: Phone #: (54/1) 332-6774 OR	GWS Serving 3.300 or Fewer GWS Serving More Than 3.300							
as required? Yes No Attach those results and submit them with this form. If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Steve Husted Title: Park Ranger Operator Certification #: Phone #: (54/1) 332-6174/ OR	If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No Attach those results and submit them with			Did continuous monitoring equipment fail at any time this Date continuou			Date continuous monitoring	
Attach those results and submit them with this form. Continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Steve Husted Title: Park Ranger Operator Certification #: OR						r hours until the	1 1	
Printed Name: Steve Husted Title: Park Ranger Operator Certification #: Signature: Item With this form. OPERATOR OPERATOR OR				continuous monitoring equipment was returned				
Printed Name: Steve Husted Title: Park Ranger Operator Certification #: Signature: Item Husted Phone #: (54/1) 332-6774 OR						with this form.	1 1	
Signature: Store Herstad Phone #: (54/) 332-6174 OR								
	Signatu	re: there	Herted			OR		
LIDIO: C. MATELLO C.						Small Groundwater System X		