

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 **May 1 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	8:00 AM		.60	shop cju
2	8:00 AM		.73	shop cju
3	8:30 A		.66	shop SH
4	8:20 A		.67	shop SH
5	8:30 A		.63	shop SH
6	8:15 A		.63	shop SH
7	8:10 AM		.61	shop MK
8	8:10 AM		.58	shop MK
9	8:35 A		.64	shop SH
10	8:25 A		.61	shop SH
11	8:15 A		.66	shop SH
12	8:30 A		.62	shop SH
13	8:15 A		.63	shop SH
14	8:00 A		.86	shop cju
15	8:00 A		.77	shop cju
16	8:30 A		.74	shop SH
17	8:40 A		1.01	shop SH
18	8:30 A		1.20	shop SH
19	8:35 A		1.48	shop SH
20	8:15 A		1.49	shop SH
21	8:00 A		1.15	shop cju
22	8:00 A	9:15 Am site #52(1.36)	1.49	shop cju
23	8:30 A		1.23	shop SH
24	8:05 A		1.09	shop SH
25	8:10 A		.92	shop SH
26	8:45 A		.71	shop SH
27	8:20 A		.63	shop SH
28	8:15 A		.55	shop MK
29	8:00 A		.78	shop cju
30	8:15 A		.71	shop SH
31	8:25 A		.74	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><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><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>Date it was returned to service: / /</p>
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Printed Name: Steve Husted Title: PR Operator Certification #: \_\_\_\_\_  
 Signature: Steve Husted Phone #: (541) 332-6774 OR  
 Date: 06/01/2023 Small Groundwater System