

**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 **Jun 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	9:05A		.80	Shop SH
2	8:40A		.75	Shop SH
3	8:15A		.75	Shop SH
4	8:00A		.88	Shop GW
5	8:00A		.98	Shop GW
6	8:25A		.97	Shop SH
7	8:35A		.89	Shop SH
8	8:30A		.81	Shop SH
9	8:10A		.90	Shop SH
10	8:20A		.70	Shop SH
11	8:00A		.65	Shop GW
12	8:00A		.76	Shop GW
13	8:20A		.58	Shop SH
14	8:25A		.55	Shop SH
15	8:10A		.87	Shop SH
16	8:40A		.69	Shop SH
17	8:10A		.69	Shop SH
18	8:00A		.64	Shop GW
19	8:00A		1.06	Shop GW
20	8:30A		.75	Shop SH
21	8:10A		.62	Shop SH
22	8:10A		.74	Shop SH
23	8:30A		.65	Shop SH
24	8:15A		.67	Shop SH
25	8:00A		.65	Shop GW
26	8:00A		.82	Shop GW
27	8:45A		.67	Shop SH
28	8:15A		.79	Shop SH
29	8:05A		.75	Shop SH
30	8:20A		.75	Shop SH
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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 align="center">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: <i>Steve Husted</i>	Phone #: (541) 332-6774	OR
Date: 06/30/23		Small Groundwater System X

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.