

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

System Name **Humbug Mt SP**

PWS ID# **4 1 91018**

Month/Year **07/2023**

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	8:10A		.85	shop SH
2	8:00A		.66	shop gw
3	8:00A		.77	shop gw
4	8:20A		.60	shop SH
5	8:05A		.35 / (.57)	shop / First test did not wait 3 minutes ERK
6	8:22am		.55	shop AL
7	8:30A		.56	shop SH
8	8:15A		.65	shop SH
9	8:00A		.73	shop gw
10	8:00A		.68	shop gw
11	8:30A		.73	shop SH
12	8:15A		.83	shop SH
13	8:10A		.72	shop SH
14	8:10A		.55	shop SH
15	8:25A		.43	shop SH
16	8:00A		.57	shop gw
17	8:00A		.61	shop gw
18	8:25A		.41	shop SH
19	8:20A		.53	shop SH
20	8:10A		.45	shop SH
21	8:00A		.63	shop gw
22	8:10A		.59	shop SH
23	8:00A		.58	shop gw
24	8:00A		.64	shop gw
25	8:05A		.59	shop SH
26	8:15A		.46	shop SH
27	8:25A		.38	shop SH
28	8:15A		.40	shop SH
29	8:10A		.46	shop SH
30	8:00A		.39	shop
31	8:05am		.34	shop AL

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: <i>Steve Husted</i>	Phone #: (541) 332-6774	OR
Date: 08/01/23		Small Groundwater System <input checked="" type="checkbox"/>

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.