

**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 **8 / 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	8:15A		.37	shop SH
2	8:15A		.44	shop SH
3	8:10A		.38	shop SH
4	8:10A		.41	shop SH
5	8:25A		.41	shop SH
6	8:09A		.63	shop CW
7	8:13A		.55	shop ER
8	8:25A		.52	shop SH
9	8:10A		.55	shop SH
10	8:25A		.42	shop SH
11	8:25A		.39	shop SH
12	9:00A		.46	shop SH
13	8:15A		.38	shop ER
14	8:20A		.35	shop ER
15	8:45A		.40	shop SH
16	8:30A		.43	shop SH
17	8:20A		.45	shop SH
18	8:30A		.45	shop SH
19	8:20A		.58	shop SH
20	8:15A		.48	shop MK
21	8:21A		.41	shop ER
22	8:25A		.55	shop SH
23	8:15A		.73	shop SH
24	8:10A		.48	shop SH
25	11:15A		.42	shop SH
26	8:40A		.43	shop SH
27	8:10A		.41	shop ER
28	8:15A		.44	shop ER
29	8:15A		.71	shop SH
30	8:30A		.62	shop SH
31	8:25A		.61	shop SH

Was the chlorine residual ever less than the required minimum residual of _____ 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>

Printed Name: <u>Steve Husted</u>	Title: <u>Park Ranger</u>	Operator Certification #:
Signature: <u>[Signature]</u>	Phone #: <u>(541) 332-6774</u>	OR
Date: <u>08/31/23</u>		Small Groundwater System <input checked="" type="checkbox"/>