

**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 **9/1 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	8:20A		.38	Shop SH
2	8:15A		.60	Shop SH
3	8:07A		.36	Shop ER
4	8:10A		.33	Shop ER
5	8:30A		.39	Shop SH
6	8:25A		.38	Shop SH
7	8:30A		.53	Shop SH
8	8:15A		.41	Shop SH
9	8:25A		.41	Shop AM
10	10:20A		.31	Shop ER
11	8:17A		.43	Shop ER
12	8:10A		.48	Shop SH
13	8:15A		.40	Shop SH
14	8:30A		.41	Shop SH
15	8:20A		.30	Shop SH
16	8:25A		.35	Shop SH
17	8:30A		.33	Shop ER
18	8:15A		.30	Shop MK
19	3:00P		.31	Shop SH
20	8:25A		.81	Shop SH
21	8:25A		.69	Shop SH
22	8:50A		.58	Shop SH
23	8:30A		.53	Shop SH
24	8:25A		.45	Shop ER
25	8:35A		.46	Shop MK
26	8:40A		.45	Shop SH
27	9:25A		.49	Shop ER
28	8:25A		.33	Shop ER
29	9:00A		.36	Shop gw
30	8:30A		.44	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>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: [Signature] Phone #: (541) 332 6774 OR
 Date: 10/03/23 Small Groundwater System