

**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 **11 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	8:35A		.76	shop SH
2	8:15A		.70	shop SH
3	8:20A		.71	shop SH
4	8:50A		.78	shop SH
5	8:00A		.52	shop gw
6	10:30A		.84	shop gw
7	8:20A		.63	shop SH
8	8:10A		.55	shop SH
9	8:05A		.56	shop SH
10	8:05A		.54	shop SH
11				
12	8:00A		.41	shop gw
13	8:00A		.58	shop gw
14	8:15A		.57	shop SH
15	8:15A		.54	shop SH
16	8:30A		.57	shop SH
17	8:05A		.61	shop SH
18	8:10A		.50	shop SH
19	8:11A		.62	shop gw/JB
20	8:04A		.42	shop JB
21	8:12A		.40	shop JB
22	8:07A		.58	shop JB
23	8:11A		.42	shop JB
24	8:09A		.54	shop AT
25	8:00A		.60	shop gw
26	8:18A		.48	shop JB
27	8:05A		.46	shop JB
28	8:15A		.50	shop SH
29	8:20A		.51	shop SH
30	8:20A		.55	shop SH
31				

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: <u>Steve Mustard</u> Signature: <u>[Signature]</u> Date: <u>11 130 123</u>	Title: <u>Pub Ranger</u> Phone #: <u>(332) 6774 541</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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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.