

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **01 / 2024** 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	8:00 A		.76	shop CW
2	8:00 A		.77	shop CW
3	8:30 A		.72	shop PH
4	8:15 A		.55	shop SH
5	8:15 A		.60	shop SH
6	8:10 A		.59 .59	shop SH
7	8:00 A		.75	shop CW
8	8:35 A		.67	shop PH
9	8:20 A		.63	shop SH
10	8:45 A		1.13	shop PH
11	8:15 A		.57	shop SH
12	8:15 A		.62	shop SH
13	8:10 A		.85	shop SH
14	8:00 A		.84	shop CW
15	8:15 A		.80	shop PH
16	8:15 A		.70	shop SH
17	8:30 A		.68	shop SH
18	8:25 A		.66	shop SH
19	8:10 A		.69	shop SH
20	8:10 A		.70	shop SH
21	8:00 A		.73	shop CW
22	8:00 A		.79	shop CW
23	8:10 A		.78	shop SH
24	8:10 A		.88	shop SH
25	8:10 A		.68	shop SH
26	8:15 A		.68	shop SH
27	8:15 A		.69	shop SH
28	8:30 A		.78	shop PH
29	8:00 A		.81	shop CW
30	8:20 A		.73	shop SH
31	8:15 A		.71	shop SH

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 Husted</u> Signature: <u>[Signature]</u> Date: <u>01/31/24</u>	Title: <u>Park Ranger</u> Phone #: <u>(541) 332-6774</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.