

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 **03/2024** 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	8:20A		0.76	Shop SH
2	8:10A		.64	Shop SH
3	8:00A		.108	Shop gw
4	8:00A		.80	Shop gw
5	8:25A		.63	Shop SH
6	8:10A		.63	Shop SH
7	8:10A		.66	Shop SH
8	8:45A		.74	Shop SH
9	8:30A		.63	Shop SH
10	8:00A		.75	Shop gw
11	8:00A		.72	Shop gw
12	8:00A		.85	Shop gw
13	8:25A		.61	Shop SH
14	8:20A		.60	Shop SH
15	8:30A		.78	Shop SH
16	8:35A		.67	Shop SH
17	8:00A		.71	Shop gw
18	8:15A		.83	Shop SH
19	8:30A		.67	Shop SH
20	8:25A		.65	Shop SH
21	8:05AM		.83	Shop RT
22	10:00AM		.72	Shop AT
23	8:00AM		.74	Shop gw
24	8:00AM		.67	Shop gw
25	8:20AM		.84	Shop PH
26	8:20A		.66	Shop SH
27	8:30A		.61	Shop SH
28	8:20A		.61	Shop SH
29	8:25A		.62	Shop SH
30	8:25A		.60	Shop SH
31	8:00A		.63	Shop gw

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 6714 OR
 Date: 04/02/24 Small Groundwater System

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.