

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **04/2024** 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		.68	shop cju
2	8:20 A		.58	shop SH
3	8:30 A		.60	shop SH
4	8:45 A		.72	shop PH
5	10:00 A		.52	shop MK
6	8:00 A		.61	shop cju
7	8:00 A		.55	shop cju
8	8:00 A		.59	shop cju
9	8:10 A		.74	shop MK
10	8:10 A		.77	shop MK
11	8:15 A		.82	shop MK
12	8:30 A		.81	shop SH
13	8:20 A		.89	shop SH
14	8:00 A		.88	shop cju
15	8:00 A		.95	shop cju
16	8:20 A		.84	shop SH
17	8:45 A		.79	shop SH
18	8:30 A		.79	shop SH
19	8:40 A		.73	shop SH
20	8:10 A		.71	shop SH
21	8:00 A		.74	shop cju
22	8:00 A		.74	shop cju
23	8:25 A		.66	shop SH
24	8:10 A		.71	shop SH
25	8:15 A		.61	shop MK
26	8:30 A		.57	shop MK
27	8:00 A		.43	shop cju
28	8:00 A		.58	shop cju
29	8:00 A		.60	shop cju
30	8:00 A		.57	shop cju
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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: 05/02/24 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.