

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **05/2024** 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	5/1	shop	.48	YMK
2	8:50A		.47	Shop SH
3	8:20A		.51	Shop SH
4	8:15A		.45	Shop SH
5	8:00A		.49	Shop GW
6	8:00A		.49	Shop GW
7	8:10A		.43	Shop SH
8	8:10A		.44	Shop SH
9	8:15A		.42	Shop SH
10	8:25A		.45	Shop SH
11	8:15A		.53	Shop SH
12	8:00A		.57	Shop GW
13	8:00A		.55	Shop GW
14	8:20A		.66	Shop SH
15	8:20A		.63	Shop SH
16	10:20A		.71	Shop SH
17	8:50A		.68	Shop SH
18	8:30A		.72	Shop SH
19	8:00A		.68	Shop GW
20	8:00A		.81	Shop GW
21	8:20A		.75	Shop SH
22	8:25A		.78	Shop SH
23	8:15A		.81	Shop SH
24	8:25A		.86	Shop SH
25	8:30A		.83	Shop SH
26	8:15A		.75	Shop MK
27	8:20A		.88	Shop SH
28	8:15A		.84	Shop SH
29	8:20A		.83	Shop SH
30	8:25A		.82	Shop SH
31	8:15A		.79	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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>

Printed Name: <b>Steve Husted</b>	Title: <b>Park Ranger</b>	Operator Certification #:
Signature: <i>[Signature]</i>	Phone #: <b>(541) 332 6774</b>	OR
Date: <b>05/31/24</b>		Small Groundwater System <input checked="" type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.