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   06 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) .79	Notes	
1	8:35 A		.78	Shop	SH
2	8:00 A		.84	Shop	GW
3					
4	8:20 A		.73	Shop	SH
5	8:40 A		.72	Shop	SH
6	8:15 A		.84	Shop	SH
7	8:20 A		.63	Shop	SH
8	8:15 A		.63	Shop	SH
9	8:00 A		.52	Shop	GW
10	8:00 A		.70	Shop	GW
11	8:15 A		.61	Shop	SH
12	8:20 A		.62	Shop	SH
13	8:25 A		.57	Shop	SH
14	8:15 A		.49	Shop	SH
15	8:15 A		.55	Shop	SH
16	8:00 A		.47	Shop	GW
17	8:00 A		.56	Shop	GW
18	8:15 A		.55	Shop	SH
19	8:20 A		.44	Shop	SH
20	8:20 A		.54	Shop	SH
21	8:20 A		.60	Shop	SH
22	8:15 A		.58	Shop	SH
23	8:00 A		.60	Shop	GW
24	8:50 A		.70	Shop	PH
25	8:10 A		.68	Shop	SH
26	8:10 A		.68	Shop	SH
27	8:20 A		.65	Shop	SH
28	8:25 A		.81	Shop	SH
29	8:15 A		.68	Shop	SH
30	8:00 A		.69	Shop	GW
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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Steve Husted   Title: Park Ranger   Operator Certification #:

Signature: _Ptm Husted_   Phone #: (541) 332-6774   OR

Date: 07 09 24   Small Groundwater System ⊗ X

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.

August 22, 2019