

**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 **07/2024** 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 AM		.72	shop gw
2	8:00 AM		.63	shop gw
3	8:13 AM		.60	shop ER/KK
4	8:11 AM		.50	shop gw
5	8:00 AM		.51	shop gw
6	8:00 AM		.50	shop gw
7	8:00 AM		.64	shop gw
8	8:00 AM		.58	shop gw
9	8:15 A		.54	shop SH
10	8:15 A		.54	shop SH
11	8:05 A		.55	shop SH
12	8:05 A		.46	shop SH
13	8:10 A		.52	shop SH
14	8:00 A		.47	shop gw
15	8:00		.57	shop gw
16	8:10 A		.58	shop SH
17	8:25 A		.52	shop SH
18	8:15 A		.49	shop SH
19	8:20 A		.52	shop SH
20	8:10 A		.57	shop SH
21	8:10 A		.60	shop MK
22	8:00 A		.55	shop gw
23	8:10 A		.61	shop SH
24	8:15 A		.64	shop SH
25	8:10 A		.55	shop SH
26	8:10 A		.49	shop SH
27	8:15 A		.66	shop SH
28	8:00 A		.68	shop gw
29	8:00 A		.63	shop gw
30	8:10 A		.43	shop SH
31	8:10 A		.52	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>	

Printed Name: Steve Husted Title: Park Ranger Operator Certification #: _____
 Signature: Steve Husted Phone #: (541) 332-6774 OR
 Date: 07/31/24 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.