

**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 **09 12024** 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	8:11AM	shop	0.49	PT
2	9:15A	shop	0.63	MK
3	8:10A		.63	Shop SH
4	8:15A		.57	shop SH
5	8:10A		.46	shop SH
6	8:15A		.41	shop SH
7	8:10A		.39	shop SH
8	8:10A		.33	shop MK
9	8:10A		.39	shop MK
10	8:15A		.56	shop SH
11	8:15A		.54	shop MK
12	8:15A		.46	shop SH
13	8:10A		.52	shop gw
14	8:10A		.50	shop SH
15	8:10A		.48	shop gw
16	8:10A		.60	shop gw
17	8:15A		.49	shop SH
18	8:30A		.49	shop SH
19	8:15A		.46	shop SH
20	8:05A		.45	shop SH
21	8:00A		.45	shop SH
22	8:00A		.45	shop SH
23	8:00A		.47	shop gw
24	8:00A		.51	shop gw
25	8:15A		.42	shop SH
26	8:15A		.38	shop SH
27	8:15A		.42	shop SH
28	8:10A		.44	shop SH
29	8:15A		.38	shop MK
30	8:00A		.44	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.

<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: <u>Steve Husted</u>	Title: <u>Park Ranger</u>	Operator Certification #:
Signature: <u>Steve Husted</u>	Phone #: <u>(541) 332-6774</u>	OR
Date: <u>10/01/24</u>		Small Groundwater System <input checked="" type="checkbox"/>

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.