

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **10 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	8:25A		.62	Shop SH
2	8:20A		.51	Shop SH
3	8:25A		.45	Shop SH
4	8:10A		.41	Shop SH
5	8:15A		.39	Shop SH
6	8:00A		.34	Shop gw
7	8:00A		.50	Shop gw
8	8:20A		.44	Shop SH
9	8:30A		.47	Shop SH
10	8:15A		.38	Shop SH
11	8:25A		.38	Shop SH
12	8:25A		.38	Shop SH
13	8:00A		.40	Shop gw
14	8:00A		.39	Shop gw
15	8:30A		.49	Shop SH
16	8:20A		.52	Shop SH
17	8:10A		.50	Shop SH
18	8:15A		.48	Shop SH
19	8:20A		.46	Shop SH
20	8:00A		.41	Shop gw
21	8:00A		.43	Shop gw
22	2:30 PM		.59	Shop gw
23	8:40A		.42	Shop SH
24	8:20A		.38	Shop SH
25	8:25A		.36	Shop SH
26	8:15A		.39	Shop SH
27	8:00A		.38	Shop gw
28	8:00A		.49	Shop gw
29	8:35A		.33	Shop SH
30	8:25A		.35	Shop SH
31	8:45A		.33	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>
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<p>Printed Name: Steve Husted</p> <p>Signature: <i>Steve Husted</i></p> <p>Date: 10/31/24</p>	<p>Title: Park Ranger</p> <p>Phone #: (541) 332-6774</p>	<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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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.