

**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 **11/12/2024** 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)	Loc	Notes
1	8:30A		.32	Shop	SH
2	8:35A		.33	Shop	SH
3	8:00A		.31	Shop	gw
4	8:00A		1.66	Shop	gw
5	8:25A		1.27	Shop	SH
6	8:30A		.80	Shop	SH
7	8:15A		.72	Shop	SH
8	8:20A		.60	Shop	SH
9	8:30A		.60	Shop	SH
10	8:00A		1.61	Shop	gw
11	8:00A		.58	Shop	gw
12	8:15A		.40	Shop	SH
13	8:5A		.39	Shop	SH
14	8:10A		.33	Shop	SH
15	8:10A		.35	Shop	SH
16	8:15A		.31	Shop	SH
17	8:15A		.40	shop	Gm
18	8:00A		.35	Shop	gw
19	8:25A		.41	Shop	SH
20	8:25A		.44	Shop	SH
21	8:20A		.46	Shop	SH
22	8:40A		.44	Shop	SH
23	8:20A		.43	Shop	SH
24	8:00A		1.55	Shop	gw
25	8:00A		.49	Shop	Gm
26	8:00A		.40	Shop	gw
27	8:03A		.36	shop	Gm
28	8:00A		1.37	Shop	Gm
29	8:00A		1.51	Shop	gw
30	8:00A		.52	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: Chris Wiggins Title: Park Ranger Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 332-6774 OR
 Date: 11/30/24 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.