

**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 **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	Int.
1	8:00 AM		.43	shop		gw
2	8:00 AM		.61	shop		gw
3	8:00 AM		.56	shop		gw
4	8:00 AM		.61	shop		PT
5	8:00 AM		.67	shop		PT
6	8:05 AM		.72	shop		gw
7	8:00 AM		.59	shop		gw
8	8:00 AM		.54	shop		gw
9	8:00 AM		.68	shop	pump running	gw
10	8:00 AM		.71	shop		gw
11	8:40 AM		.60	shop		PT
12	8:35 AM		.66	shop		PT
13	8:00 AM		.51	shop		gw
14	8:00 AM		.65	shop		gw
15	8:00 AM		.58	shop		gw
16	8:00 AM		.47	shop		gw
17	8:00 AM		.48	shop		gw
18	8:40 AM		.66	shop		PT
19	8:15 AM		.72	shop		PT
20	8:00 AM		.53	shop		gw
21	8:20 AM		.36	shop		SH
22	8:00 AM		.47	shop		gw
23	8:00 AM		.38	shop		gw
24	8:00 AM		.38	shop		gw
25	8:15 AM		.38	shop		gm
26	8:28 AM		.31	shop		gm
27	8:00 AM		.32	shop		gw
28	8:00 AM		.44	shop		gw
29	8:00 AM		.43	shop		gw
30	8:00 AM		.37	shop		gw
31	8:00 AM		.33	shop		gw

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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Printed Name: Chris Wiggins Title: Park Ranger Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 332-6774 OR
 Date: 12/31/2024 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.