

**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 **01 12025** 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	8:16	shop	0.32 0.38	shop		gm
2	8:15		.38	shop		SH
3	8:15	shop	.54	shop		SH
4	8:20		.51	shop		SH
5	8:00AM		.38	shop		gm
6	8:07AM		.53	shop		gm
7	8:20A		.47	shop		SH
8	8:12		.35	shop		gm
9	8:10		.34	shop		SH
10	8:35		.38	shop		SH
11	8:10A		.37	shop		SH
12	8:00A		.36	shop		gm
13	8:15A		.48	shop		SH
14	8:15A		.53	shop		SH
15	8:15A		.51	shop		SH
16	8:19A		.55	shop		SH
17	8:20A		.60	shop		SH
18	8:10A		.55	shop		SH
19	8:14A		.54	shop		gm
20	8:10A		.69	shop		SH
21	8:10A		.54	shop		SH
22	8:15A		.59	shop		SH
23	8:15A		.54	shop		SH
24	8:10A		.56	shop		SH
25	8:25A		.54	shop		SH
26	8:00A		.62	shop		gm
27	8:00A		.66	shop		gm
28	8:15A		.57	shop		SH
29	8:10A		.55	shop		SH
30	8:20A		.59	shop		SH
31	8:15A		.58	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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

1 1

Date it was returned to service:

1 1

Printed Name: Steve Husted

Title: Park Ranger

Operator Certification #:

Signature: Steve Husted

Phone #: (541) 332-6774

OR

Date: 01/31/25

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.