

**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 **03/25** 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	8:15A		.40	shop SH
2	8:00A		.50	shop gw
3	8:00A		.44	shop gw
4	8:25A		.53	shop SH
5	8:10A		.49	shop SH
6	8:10A		.52	shop SH
7	8:25A		.48	shop SH
8	8:05A		.47	shop SH
9	8:00A		.51	shop gw
10	8:00A		.42	shop gw
11	8:00A		.46	shop SH
12	8:25A		.50	shop SH
13	8:15A		.45	shop SH
14	8:20A		.41	shop SH
15	8:20A		.41	shop SH
16				
17	8:20A		.53	shop gw
18	8:25A		.43	shop SH
19	8:25A		.31	shop SH
20	8:20A		.44	shop SH
21	8:30A		.49	shop SH
22	8:11A		.71	shop SH
23	8:00A		.67	shop gw
24	8:00A		.66	shop gw
25	8:20A		.89	shop SH
26	8:10A		.80	shop SH
27	8:10A		.73	shop SH
28	8:25A		.63	shop SH
29	8:20A		.57	shop SH
30	8:00A		.58	shop gw
31	8:00A		.51	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.

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:

/ /
Date it was returned to service:

/ /

Printed Name: **Steve Husted**

Title: **Park Ranger**

Operator Certification #:

Signature: **[Signature]**

Phone #: **(541) 332-6774**

OR

Date: **04/01/25**

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.

August 22, 2019