

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **04/25** 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	8:30A		.45	Shop SH
2	8:05A		.41	Shop SH
3	8:10A		.40	Shop SH
4	8:15A		.38	Shop SH
5	8:10A		.37	Shop SH
6	8:00A		.38	Shop Cw
7	9:30A		.57	Shop PH
8	10:30A		.49	Shop SH
9	8:25A		.54	Shop SH
10	8:15A		.45	Shop SH
11	8:15A		.45	Shop SH
12	8:20A		.43	Shop SH
13	8:00A		.38	Shop Cw
14	8:30A		.38	Shop mk
15	8:25A		.39	Shop SH
16	9:15A		.40	Shop SH
17	8:10A		.39	Shop SH
18	8:10A		.40	Shop SH
19	8:20A		.41	Shop SH
20	8:00A		.43	Shop Cw
21	8:00A		.62	Shop Cw
22	8:35A		.51	Shop SH
23	8:20A		.50	Shop SH
24	8:20A		.49	Shop SH
25	8:10A		.47	Shop SH
26	8:20A		.58	Shop SH
27	8:00A		.48	Shop Cw
28	8:00A		.53	Shop Cw
29	8:20A		.49	Shop SH
30	8:30A		.65	Shop SH
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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: *Steve Husted*

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

OR

Date: **1 1**

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