

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **05/25** 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	8:25A		.55	Shop SH
2	8:10A		.52	Shop SH
3	8:25A		.49	Shop SH
4	8:00A		.68	Shop GW
5	8:00A		.59	Shop GW
6	8:20A		.54	Shop SH
7	8:25A		.70	Shop SH
8	8:15A		.62	Shop SH
9	8:15A		.58	Shop SH
10	8:15A		.57	Shop SH
11	8:20A		.55	Shop MK
12	8:15A		.65	Shop MK
13	8:15A		.66	Shop SH
14	8:25A		.62	Shop SH
15	8:25A		.66	Shop SH
16	8:15A		.75	Shop SH
17	8:10A		.69	Shop SH
18	8:00A		.66	Shop GW
19	8:00A		.63	Shop GW
20	8:25A		.70	Shop SH
21	8:30A		.72	Shop SH
22	8:15A		.84	Shop SH
23	8:15A		.76	Shop SH
24	8:15A		<del>1.02</del> .72	Shop SH
25	8:25A		.82	Shop ER
26	8:10A		.71	Shop MK
27	8:20A		.77	Shop SH
28	8:15A		.75	Shop SH
29	8:15A		.69	Shop SH
30	8:20A		.65	Shop SH
31	8:20A		.63	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:

/ /  
Date it was returned to service:

/ /

Printed Name: **Steve Husted**

Title: **Park Ranger**

Operator Certification #:

Signature: *[Signature]*

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

OR

Date: **05/31/25**

Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto: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