

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **06/2025** 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	8:00AM		.69	Shop Cw
2	8:00AM		.156	shop Cw
3	8:30A		.61	shop SH
4	8:25A		.59	shop SH
5	8:25A		.63	shop SH
6	8:15A		.59	shop SH
7	8:10A		.57	shop SH
8	8:15A		.55	shop MK
9	8:05A		.52	shop MK
10	8:20A		.54	shop SH
11	8:20A		.58	shop SH
12	8:20A		.58	shop SH
13	8:15A		.55	shop SH
14	8:20A		.56	shop SH
15	8:00A		.52	shop Cw
16	8:00A		.48	shop Cw
17	8:20A		.48	shop SH
18	8:30A		.54	shop SH
19	8:15A		.57	shop SH
20	8:20A		.66	shop SH
21	8:15A		.58	shop SH
22	8:00A		.62	shop Cw
23	8:00A		.56	shop Cw
24	8:20A		.52	shop SH
25	8:25A		.49	shop SH
26	8:20A		.48	shop SH
27	8:10A		.48	shop SH
28	8:10A		.54	shop SH
29	8:15A		.43	shop Cw
30	8:00A		.51	shop Cw
31				

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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: **Chris Wiggins**

Title: **Park Ranger**

Operator Certification #:

Signature: *[Signature]*

Phone #: **(541) 332-6744**

OR

Date: **7/1/2025**

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