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 08 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)	Notes Loc	Notes Init.
1	8:10A		.41	Shop	SH
2	8:20A		.42	Shop	SH
3	8:15A		.54	Shop	ce
4	8:07A		.55	Shop	ce
5	8:10A		.47	Shop	ce
6	8:20A		.47	Shop	SH
7	8:20A		.48	Shop	SH
8	8:15A		.43	Shop	SH
9	8:35A		.41	Shop	SH
10	8:19A		.52	Shop	MS
11	8:10A		.47	Shop	ce
12	8:15A		.53	Shop	SH
13	8:10A		.59	Shop	SH
14	8:10A		.60	Shop	SH
15	8:10A		.55	Shop	SH
16	8:30A		.46	Shop	SH
17	8:17A		.53	Shop	MS
18	8:15A		.38	Shop	ce
19	8:15A		.36	Shop	SH
20	8:20A		.35	Shop	SH
21	8:10A		.33	Shop	SH
22	8:20A		.36	Shop	SH
23	8:30A		.38	Shop	SH
24	8:00A		.33	Shop	gw
25	8:00A		.35	Shop	gw
26	8:10A		.55	Shop	SH
27	8:20A		.50	Shop	SH
28	8:35A		.43	Shop	SH
29	8:30A		.43	Shop	SH
30	8:15A		.40	Shop	SH
31	8:07A		.37	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 Hystead Title: Park Ranger

Signature: Steve Hystead Phone #: (541) 332 6774

Date: 09102125

Operator Certification #:

OR

Small Groundwater System X

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.