

**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 **09 / 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)	Loc	Notes	Int.
1	8:00 AM		.42	Shop		GW
2	8:20 A		.44	Shop		SH
3	8:15 A		.50	Shop		SH
4	8:15 A		.46	Shop		SH
5	8:35 A		.46	Shop		SH
6	8:20 A		.45	Shop		SH
7	8:00 A		.51	Shop		GW
8	8:00 A		.48	Shop		GW
9	8:15 A		.45	Shop		SH
10	8:20 A		.42	Shop		SH
11	8:20 A		.34	Shop		SH
12	8:40 A		.38	Shop		SH
13	8:45 A		.32	Shop		SH
14	8:10 A		.46	Shop		MK
15	8:10 A		.60	Shop		CE
16	8:30 A		.50	Shop		SH
17	8:30 A		.46	Shop		SH
18	8:30 A		.36	Shop		SH
19	8:25 A		.33	Shop		SH
20	8:40 A		.45	Shop		SH
21	8:35 A		.40	Shop		MK
22	8:15 A		.43	Shop		SH
23	8:15 A		.39	Shop		SH
24	8:25 A		.36	Shop		SH
25	8:35 A		.40	Shop		SH
26	8:15 A		.39	Shop		SH
27	8:15 A		.42	Shop		MK
28	8:00 A		.44	Shop		GW
29						
30	10:15 A		.42	Shop		SH
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? hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Steve Husted	Title: Park Ranger	Operator Certification #:
Signature: <i>[Signature]</i>	Phone #: (541) 332-6774	OR
Date: 09/30/25		Small Groundwater System <input checked="" type="checkbox"/>

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.