

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

System Name **Humbog 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?  
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: **Steve Husted**

Title: **Park Ranger**

Operator Certification #:

Signature: **[Signature]**

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

OR

Date: **09/30/25**

Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dwg.dmce@state.or.us](mailto:dwg.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019