

**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 **10/2025** 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	Unit
1	8:20A		.37	Shop	SH
2	8:30A		.41	Shop	SH
3	8:25A		.37	Shop	SH
4	8:25A		.30	Shop	SH
5	8:00A		.30	Shop	gn
6	8:00A		.30	Shop	gn
7	8:15A		.30	Shop	SH
8	8:15A		.32	Shop	SH
9	8:15A		.35	Shop	SH
10	8:05A		.35	Shop	SH
11	8:15A		.40	Shop	SH
12	8:00A		.30	Shop	gn
13	8:00A		.43	Shop	gn
14	8:10A		.32	Shop	SH
15	8:10A		.34	Shop	SH
16	8:15A		.30	Shop	gn
17	8:15A		.35	Shop	SH
18	8:15A		.37	Shop	SH
19	8:00A		.31	Shop	gn
20	8:00A		.38	Shop	gn
21	8:15A		.39	Shop	SH
22	8:15A		.44	Shop	SH
23	8:10A		.39	Shop	SH
24	8:10A		.51	Shop	SH
25	8:15A		.38	Shop	SH
26	8:00A		.47	Shop	gn
27	8:00A		.52	Shop	gn
28	9:45A		.39	Shop	gn
29	8:20A		.47	Shop	SH
30	8:10A		.53	Shop	SH
31	8:15A		.38	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: **Steve Husted**

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

OR

Date: **10/31/25**

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