

**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 **11 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
1	8:10A		.35	Shop SH
2	8:00A		.40	Shop gw
3	8:00A		.40	Shop gw
4	8:20A		.39	Shop SH
5	8:20A		.41	Shop SH
6	8:10A		.41	Shop SH
7	8:20A		.33	Shop SH
8	8:15A		.34	Shop SH
9	8:00A		.34	Shop gw
10	8:00A		.32	Shop gw
11	8:20A		.30	Shop SH
12	8:15A		.32	Shop SH
13	8:15A		.34	Shop SH
14	8:10A		.36	Shop SH
15	8:20A		.37	Shop SH
16	8:00A		.37	Shop gw
17	8:00A		.42	Shop gw
18	8:20A		.61	Shop SH
19	8:10A		.38	Shop SH
20	8:20A		.41	Shop SH
21	8:10A		.33	Shop SH
22	8:10A		.30	Shop SH
23	8:00A		.33	Shop gw
24	8:00A		.42	Shop gw
25	8:00A		.44	Shop gw
26	10:00A		.57	Shop SH
27	8:15A		.72	Shop PT
28	8:00A		.63	Shop gw
29	8:00A		.63	Shop gw
30	8:00A		.59	Shop gw
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: Chris Wiggins Title: Park Ranger Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 332-6774 OR
 Date: 11 130 125 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.