

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 **12 / 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
1	8:00AM		.51	Shop	gw
2	8:10 A		.50	Shop	SH
3	8:20A		.44	Shop	SH
4	8:15A		.55	Shop	SH
5	8:15A		.48	Shop	SH
6	8:15A		.52	Shop	SH
7	8:00A		.54	Shop	gw
8	8:00A		.70	Shop	gw
9	8:15A		.55	Shop	SH
10	8:15A		.53	Shop	SH
11	8:15A		.52	Shop	SH
12	8:20A		.58	Shop	SH
13	8:15A		.49	Shop	SH
14	8:00A		.50	Shop	gw
15	8:00A		1.61	Shop	gw
16	8:20A		.46	Shop	SH
17	8:15A		.43	Shop	SH
18	8:20A		.41	Shop	SH
19	8:15A		.33	Shop	SH
20	8:15A		.31	Shop	SH
21	8:00 A		.49	Shop	gw
22	8:00A		.41	Shop	gw
23	8:00 A		.39	Shop	gw
24					
25	8:30A		.38	Shop	PH
26	10:11 AM		.57	Shop	KN
27	8:00AM		.50	Shop	gw
28	8:00AM		.46	Shop	gw
29	8:00AM		.59	Shop	gw
30	8:00AM		.58	Shop	gw
31	8:03AM		.65	Shop	KN

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: <u>Steve Husted</u>	Title: <u>Park Ranger</u>	Operator Certification #: _____
Signature: <u>[Signature]</u>	Phone #: <u>(541)332-6774</u>	OR
Date: <u>01102125</u>		Small Groundwater System <input checked="" type="checkbox"/>

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