

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

System Name **Humbug Mtn SP**

PWS ID# **41 91018**

Month/Year **01 12026** Entry Point: **WTP-A**

Required Minimum Residual **0.3 mg/L**

Date	Time x	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L) x	Loc	Notes
1	8:00am		.63	Shop	KN
2	8:25A		.59	Shop	SH
3	8:15A		.72	Shop	SH
4	8:00A		.56	Shop	GW
5	8:30A		.62	Shop	PH
6	8:20A		.56	Shop	PH
7	8:20A		.58	Shop	PH
8	8:15A		.45	Shop	SH
9	8:25A		.43	Shop	SH
10	8:15A		.39	Shop	SH
11	8:00A		.44	Shop	GW
12	8:00A		.42	Shop	GW
13	8:15A		.39	Shop	SH
14	8:25A		.43	Shop	SH
15	8:30A		.43	Shop	SH
16	8:25A		.48	Shop	SH
17	8:15A		.45	Shop	SH
18	8:15A		.48	Shop	PH
19	8:20A		.51	Shop	PH
20	8:20A		.37	Shop	SH
21	8:20A		.45	Shop	SH
22	8:15A		.43	Shop	SH
23	8:15A		.43	Shop	SH
24	8:25A		.46	Shop	SH
25	8:00A		.37	Shop	GW
26	8:00A		.54	Shop	GW
27	8:50A		.47	Shop	SH
28	8:20A		.46	Shop	SH
29	8:10A		.53	Shop	SH
30	9:00A		.50	Shop	SH
31	8:15A		.52	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: **01/31/2026**

Small Groundwater System

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.