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

| System | Name | Kellogg Springs Cam | o Christian Cam | p PV | VS ID# 419 | 0490 | |
|--|--------------|---|--|--|--|--|--|
| Month/ | Year _ C | 4/2024 Entry Po | int: First User | (Shop) Rec | quired Minimum | Residual .04 mg/L | |
| Date | Time | Source(s) in use | | Lowest free chlorine residual at entry point to distribution system (mg/L) | | Notes | |
| 1 | 1058 | AA,AB,AC,AF | | 1.0 | | | |
| 2 | 0855 | AA,AB,AC,AF | | 1.0 | | | |
| 3 | 1003 | AA,AB,AC,AF | | .8 | | | |
| 4 | 1149 | AA,AB,AC,AF | | .7 | | | |
| 5 | 0947 | AA,AB,AC,AF | | .5 | | | |
| 6 | 1024 | AA,AB,AC,AF | | .4 | | | |
| 7 | 1500 | AA,AB,AC,AF | | .5 | | | |
| 8 | 0945 | AA,AB,AC,AF | | .4 | | | |
| 9 | 1519 | AA,AB,AC,AF | | .4 | | | |
| 10 | 1052 | AA,AB,AC,AF | | .4 | | | |
| 11 | 1035 | AA,AB,AC,AF | | .4 | | | |
| 12 | 0748 | AA,AB,AC,AF | | .4 | | | |
| 13 | 0722 | AA,AB,AC,AF | | .4 | | | |
| 14 15 | 0648 1111 | AA,AB,AC,AF | | .6 .6 | | | |
| 15 | 0743 | AA,AB,AC,AF | | .6 | | | |
| 10 | 0743 | AA,AB,AC,AF AA,AB,AC,AF | | .6 | | | |
| 18 | 0753 | AA,AB,AC,AF | | .6 | | | |
| 19 | 1107 | AA,AB,AC,AF | | .6 | | | |
| 20 | 1107 | AA,AB,AC,AF | | .7 | | | |
| 20 | 0712 | AA,AB,AC,AF AA,AB,AC,AF | | .8 | | | |
| 22 | 0608 | AA,AB,AC,AF | | .7 | | | |
| 23 | 0751 | AA,AB,AC,AF | | .5 | | | |
| 24 | 0801 | AA,AB,AC,AF | | .5 | | | |
| 25 | 0919 | AA,AB,AC,AF | | .4 | | | |
| 26 | 0926 | AA,AB,AC,AF | | .4 | | | |
| 27 | 0739 | AA,AB,AC,AF | | .4 | | | |
| 28 | 0723 | AA,AB,AC,AF | | .5 | | | |
| 29 | 0946 | AA,AB,AC,AF | | .5 | | | |
| 30 | 1514 | AA,AB,AC,AF | | .5 | | | |
| 31 | NA | AA.AB.AC.AF | | | | | |
| lf yes, v | vhat was the | sidual ever less than the longest time period unti | • | - | | rinking Water Program to be | |
| | | ext business day. | | | | | |
| GWS Serving 3,300 or Fewer | | | | GWS Serving More Than 3,300 | | | |
| until the residual returned to mg/L r | | | Did continuous monitoring equipment fail at any time this reporting month? | | Date continuous monitoring equipment failed: | | |
| as required? Yes No Attach those results and submit them with this form. | | | If yes, were grab samples collected every fou continuous monitoring equipment was returned required? | | | / / Date it was returned to service: | |
| | | | Attach grab sample results and submit them w | | with this form. | 1 1 | |
| Printed N | lame: Ed Hu | 1 | Title | Title: Facilities Director | | Operator Certification #: | |
| Signature | e: <u></u> | word Jumber | Phone #: (541) 459-1511ext462 | | OR | | |
| Date: 05 / 02 / 2024 Small Groundwater System | | | | | | | |

December 19, 2012