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

System	Name	Kellogg Springs Cam	o Christian Cam	ip P	WS ID# 41 9	90490
Month/Year _ 03/2025 Entry Point: First User (Shop) Required Minimum Residual 0.45 mg						
Date	Time	Source(s) i	n use	Lowest free chloring residual at entry point to distribution system (mg/l		Notes
1	0806	AA,AB,AC,AF		.6		
2	1939	AA,AB,AC,AF		.6		
3	1316	AA,AB,AC,AF		.7		
4	1205	AA,AB,AC,AF		.6		
5	1138	AA,AB,AC,AF		.7		
6	1150	AA,AB,AC,AF		.8		
7	1602	AA,AB,AC,AF		.8		
8	1013	AA,AB,AC,AF		.9		
9	2013	AA,AB,AC,AF		.9		
10	1922	AA,AB,AC,AF		.8		
11	1006	AA,AB,AC,AF		.9		
12	1221	AA,AB,AC,AF		.8		
13	1444	AA,AB,AC,AF		.9		
14	1038	AA,AB,AC,AF		1.0		
15	0908	AA,AB,AC,AF		.9		
16	1056	AA,AB,AC,AF		.8		
17	1105	AA,AB,AC,AF		.8		
18	1846	AA,AB,AC,AF		.7		
19	1533	AA,AB,AC,AF		.7		
20	0949	AA,AB,AC,AF		.8		
21	1011	AA,AB,AC,AF		.8		
22	1435	AA,AB,AC,AF		.8		
23	2121	AA,AB,AC,AF		.8		
24	1214	AA,AB,AC,AF		.8		
25	1311	AA,AB,AC,AF		.8		
26	1558	AA,AB,AC,AF		.9		
27 28	0731 0920	AA,AB,AC,AF		.9 .8		
29	1134	AA,AB,AC,AF AA,AB,AC,AF		.8		
30	1816	AA,AB,AC,AF		.7		
31	1409	AA.AB.AC.AF		7		
Was the chlorine residual ever less than the required minimum residual of .45 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.						
	•	3,300 or Fewer	GWS Serving More Than 3,300			
If yes, did you monitor every four hours until the residual returned to mg/L						
			Did continuous monitoring equipment fail at any time this reporting month? Yes No			Date continuous monitoring equipment failed:
as required? Yes No						/ /
Attach those results and submit them with			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as			
this form.			required? Yes No service:			
			Attach grab sample results and submit them with this form.			
Printed Name: Ed Humber			Title: Facilities Director		Operator Certification #:	
Signature: Edward Johnson			Phone #: (541) 459-1511ext462		OR	
Date: 04 / 02 / 2025			1 110116 #. (341) 433-131 16X(402		Small Groundwater System 🖂	