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

System Name Kellogg Springs Camp Christian Camp PWS ID# 4 1 90490						
Month/Year _ 02/2025 Entry Point: First User (Shop) Required Minimum Residual 0.45 mg						
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/L		Notes
1	0920	AA,AB,AC,AF		.8		
2	2118	AA,AB,AC,AF		.7		
3	1016	AA,AB,AC,AF		.7		
4	1123	AA,AB,AC,AF		.7		
5	1503	AA,AB,AC,AF		.8		
6	1513	AA,AB,AC,AF		.7		
7	1130	AA,AB,AC,AF		.8		
8	0913	AA,AB,AC,AF		.9		
9	1644	AA,AB,AC,AF		.7		
10	1904	AA,AB,AC,AF		.8		
11	1215	AA,AB,AC,AF		.8		
12	1018	AA,AB,AC,AF		.7		
13	2112	AA,AB,AC,AF		.8		
14	0808	AA,AB,AC,AF		.8		
15	1450	AA,AB,AC,AF		.6		
16	0905	AA,AB,AC,AF		.6		
17	1635	AA,AB,AC,AF		.5		
18	1332	AA,AB,AC,AF		.5		
19	1612	AA,AB,AC,AF		.7		
20	1739	AA,AB,AC,AF		.7		
21	1208	AA,AB,AC,AF		.7		
22 23	1028 0903	AA,AB,AC,AF		.6 .7		
23	1718	AA,AB,AC,AF		.7		
25	1025	AA,AB,AC,AF AA,AB,AC,AF		.6		
26	0905	AA,AB,AC,AF		.6		
27	1009	AA,AB,AC,AF		.6		
28	0909	AA,AB,AC,AF		.6		
29	-	AA,AB,AC,AF		.0		
30		AA,AB,AC,AF				
31		AA.AB.AC.AF				
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.						
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,300		
If yes, did you monitor every four hours			Did continuous	monitoring equipment fail at		Date continuous monitoring
until the residual returned to mg/L as required? Yes No				n? Yes No	arry time triis	equipment failed:
					ur houre until the	
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 Date it was returned to			
this form.			required? Yes No service:			
			Attach grab sample results and submit them w		with this form.	1 1
Printed Name: Ed Humber			Title: Facilities Director		Operato	r Certification #:
Signature: Edward Jumbon			Phone #: (541) 459-1511ext462		OR	
Date: 03 / 04 / 2025				, , , , , , , , , , , , , , , , , , , ,	Small G	roundwater System 🖂