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 _ 04/2025 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	1156	AA,AB,AC,AF		.7							
2	1103	AA,AB,AC,AF		.8							
3	1128	AA,AB,AC,AF		.7							
4	1209	AA,AB,AC,AF		.7							
5	1320	AA,AB,AC,AF		.8							
6	1748	AA,AB,AC,AF		.8							
7	0954	AA,AB,AC,AF		.8							
8	0731	AA,AB,AC,AF		.9							
9	0805	AA,AB,AC,AF		.9							
10	1013	AA,AB,AC,AF		.9							
11	0906	AA,AB,AC,AF		1.0							
12	1418	AA,AB,AC,AF		1.0							
13	2315	AA,AB,AC,AF		.9							
14	1329	AA,AB,AC,AF		.9							
15	0902	AA,AB,AC,AF		.9							
16	1409	AA,AB,AC,AF		.9							
17	1002	AA,AB,AC,AF		.9							
18	1312	AA,AB,AC,AF		.8							
19	0910	AA,AB,AC,AF		.8							
20	1231	AA,AB,AC,AF		.8							
21	1508	AA,AB,AC,AF		.8							
22	1204	AA,AB,AC,AF		.7							
23	1206	AA,AB,AC,AF		.9							
24	0950	AA,AB,AC,AF		.8							
25	0948	AA,AB,AC,AF		.7							
26	1259	AA,AB,AC,AF AA,AB,AC,AF		.7							
27	0905	AA,AB,AC,AF		.7							
28	1157	AA,AB,AC,AF		.7							
29	1350	AA,AB,AC,AF		.7							
30	1 149	AA,AB,AC,AF		.8							
30	0	AA,AB,AC,AF		.0							
Was the chlorine residual ever less than the required minimum residual of .45 mg/L? \Box Yes \boxtimes No If yes, what was the longest time period until the required level was restored? hours – <u>If > 4 hours, Drinking Water Program to be</u> notified by end of next business day.											
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						300					
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.			Did continuous monitoring equipment fail at any time this reporting month? Date continuous monitoring equipment failed: If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? / Yes No			Date continuous monitoring					
									Attach grab sample results and submit them with this form.		
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Printed Name: Ed Humber			Title: Facilities Director		Operator Certification #:						
Signature: <u>Echrord</u> further			Phone #: (541) 459-1511ext462		OR						
Date: 05	5 / 05 / 2025				Small G	roundwater System 🖂					