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 _ 07/2025 Entry Point: First User (Shop) Required Minimum Residual 0.45 mg						
Date	Time	Source(s) in use		Lowest free chloring residual at entry point to distribution system (mg/L		Notes
1	1059	AA,AB,AC,AF	AA,AB,AC,AF			
2	0750	AA,AB,AC,AF	AA,AB,AC,AF			
3	1206		AA,AB,AC,AF			
4	1810	AA,AB,AC,AF		.7		
5	1503	AA,AB,AC,AF		.7		
6	0805	AA,AB,AC,AF		.8		
7	0955	AA,AB,AC,AF		.8		
8	0917		AA,AB,AC,AF			
9	0754	AA,AB,AC,AF		.8 .8		
10	1015	AA,AB,AC,AF		.8		
11	1029	AA,AB,AC,AF		.8		
12	1036	AA,AB,AC,AF		.8		
13	0918	AA,AB,AC,AF		.8		
14	1111	AA,AB,AC,AF		.8		
15	1114	AA,AB,AC,AF		.7		
16	0809	AA,AB,AC,AF		.7		
17	1146	AA,AB,AC,AF		.7		
18	1131	AA,AB,AC,AF		.7		
19	0905	AA,AB,AC,AF		.8		
20	0833	AA,AB,AC,AF		.8		
21	1252	AA,AB,AC,AF		.7		
22	1019	AA,AB,AC,AF		.7		
23	1250	AA,AB,AC,AF		.7		
24	1215	AA,AB,AC,AF		.6		
25	1032	AA,AB,AC,AF		.5		
26	1955	AA,AB,AC,AF		.5		
27	1805	AA,AB,AC,AF		.7		
28	1512	AA,AB,AC,AF		.7		
29	1312	AA,AB,AC,AF		.8		
30	1036	AA,AB,AC,AF		.9		
31	1506	AA.AB.AC.AF		.9		
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.						
GW	S Servin	g 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 as required? Yes No Attach those results and submit them with this form.			Did continuous monitoring equipment fail at any time this reporting month? Yes No			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 it was returned to service:
Attach grab sample results and submit them with this form.						
	Name: Ed H		Title: Facilities Director		Operator Certification #:	
Signatur	re:	hord Jumber	Phoi	ne #: (541) 459-1511ext462		OR
Date: 0	8 / 02 / 202	5			Small Groundwater System ⊠	