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 _	08/2025 Entry Po	int: First User	First User (Shop) Required Minimum Residual 0.45 mg		Residual 0.45 mg
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/l		Notes
1	1709	AA,AB,AC,AF		.7		
2	1101	AA,AB,AC,AF		1.0		
3	0935	AA,AB,AC,AF		1.0		
4	1216	AA,AB,AC,AF		1.0		
5	1715	AA,AB,AC,AF		1.0		
6	1013	AA,AB,AC,AF	AA,AB,AC,AF			
7	0758	AA,AB,AC,AF	AA,AB,AC,AF			
8	1356	AA,AB,AC,AF	AA,AB,AC,AF			
9	1546	AA,AB,AC,AF		.6		
10	2010	AA,AB,AC,AF		.5		
11	0722	AA,AB,AC,AF		.5		
12	1235	AA,AB,AC,AF		.7		
13	1052	AA,AB,AC,AF		.5		
14	1324	AA,AB,AC,AF		.8		
15	1413	AA,AB,AC,AF		.8		
16	2026	AA,AB,AC,AF	AA,AB,AC,AF			
17	0910	AA,AB,AC,AF		.7		
18	1338	AA,AB,AC,AF		.7		
19	1410	AA,AB,AC,AF		.7		
20	1116	AA,AB,AC,AF		.6		
21	1032	AA,AB,AC,AF		.5		
22	0935	AA,AB,AC,AF		.7		
23	0751	AA,AB,AC,AF		.7		
24	0903	AA,AB,AC,AF		.7 .6		
25	0834	AA,AB,AC,AF	AA,AB,AC,AF			
26	1006	AA,AB,AC,AF		.5		
27	1244	AA,AB,AC,AF		.5		
28	1832	AA,AB,AC,AF		.5		
29	1024	AA,AB,AC,AF		.5		
30	1342	AA,AB,AC,AF		.5		
31	1906	AA.AB.AC.AF		.5		
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			Did continuous monitoring equipment fail at any reporting month? Yes No			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 four hours until the continuous monitoring equipment was returned to service a required? Yes No			/ / Date it was returned to service:
			Attach grab san	Attach grab sample results and submit them with this for		1 1
Printed I	Name: Ed	_	Title: Facilities Director		Operator Certification #:	
Signatur	re:r	Iward Jumber	Phone #: (541) 459-1511ext462		OR	
Date: 09 / 08 / 2025					Small Groundwater System ⊠	