## 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 _ 09/2025 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		
1	1010	AA,AB,AC,AF		.7		
2	0858	AA,AB,AC,AF		.8		
3	0923	AA,AB,AC,AF		1.0		
4	1708	AA,AB,AC,AF		1.0		
5	1428	AA,AB,AC,AF		1.0		
6	0934	AA,AB,AC,AF		1.0		
7	1050	AA,AB,AC,AF		1.0		
8	2012	AA,AB,AC,AF		.7		
9	0836			.7	+	
10	1234	AA,AB,AC,AF		.7	+	
11	1619	AA,AB,AC,AF	_	.6		
12	2032	AA,AB,AC,AF		.5	+	
	1315	AA,AB,AC,AF				
13		AA,AB,AC,AF		.5 .6	+	
14	1203 1606	AA,AB,AC,AF		.6 .7	+	
15		AA,AB,AC,AF		.7		
16	0841	AA,AB,AC,AF		.7		
17	0929		AA,AB,AC,AF			
18	1123	AA,AB,AC,AF		.8		
19	0937	AA,AB,AC,AF		.6		
20	1845	AA,AB,AC,AF		.6		
21	1515	AA,AB,AC,AF		.6		
22	1956	AA,AB,AC,AF		.5		
23	1545	AA,AB,AC,AF		.5		
24	0740	AA,AB,AC,AF		.5		
25	1024	AA,AB,AC,AF		.5		
26	1418	AA,AB,AC,AF		.5		
27	0905	AA,AB,AC,AF		.5		
28	1536	AA,AB,AC,AF		.5		
29	1153	AA,AB,AC,AF		.5		
30	1835	AA,AB,AC,AF		.8		
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						Date continuous monitoring
until the residual returned to mg/L as required? Yes No			reporting month? Yes No equipment failed:			
						Attach those results and submit them with
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 Jumbo			Phone #: (541) 459-1511ext462		OR	
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