

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

System Name Kellogg Springs Camp Christian Camp			PWS ID# 41 90490	
Month/Year 10/2025		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	1411	AA,AB,AC,AF	.8	
2	1510	AA,AB,AC,AF	.8	
3	1213	AA,AB,AC,AF	.8	
4	0935	AA,AB,AC,AF	.9	
5	1850	AA,AB,AC,AF	.5	
6	1207	AA,AB,AC,AF	.6	
7	1036	AA,AB,AC,AF	.8	
8	0948	AA,AB,AC,AF	.8	
9	1232	AA,AB,AC,AF	.7	
10	1752	AA,AB,AC,AF	.6	
11	1409	AA,AB,AC,AF	.8	
12	1712	AA,AB,AC,AF	.6	
13	0747	AA,AB,AC,AF	.8	
14	1431	AA,AB,AC,AF	.6	
15	0834	AA,AB,AC,AF	.5	
16	0845	AA,AB,AC,AF	.5	
17	1344	AA,AB,AC,AF	.5	
18	1204	AA,AB,AC,AF	.5	
19	1938	AA,AB,AC,AF	.5	
20	1437	AA,AB,AC,AF	.5	
21	1509	AA,AB,AC,AF	.5	
22	0954	AA,AB,AC,AF	.5	
23	1052	AA,AB,AC,AF	.6	
24	1516	AA,AB,AC,AF	.6	
25	1821	AA,AB,AC,AF	.6	
26	1303	AA,AB,AC,AF	.6	
27	1421	AA,AB,AC,AF	.5	
28	1051	AA,AB,AC,AF	.5	
29	1724	AA,AB,AC,AF	.5	
30	1816	AA,AB,AC,AF	.5	
31	1234	AA,AB,AC,AF	.6	
Was the chlorine residual ever less than the required minimum residual of .45 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i>		GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>		
Printed Name: Ed Humber Signature: <u>Ed Humber</u> Date: 11 / 03 / 2025		Title: Facilities Director Phone #: (541) 459-1511 ext 462		Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>