

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 11/2025		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	0832	AA,AB,AC,AF	.6	
2	0934	AA,AB,AC,AF	.7	
3	1136	AA,AB,AC,AF	.7	
4	0742	AA,AB,AC,AF	.7	
5	1048	AA,AB,AC,AF	.6	
6	1509	AA,AB,AC,AF	.5	
7	0937	AA,AB,AC,AF	.5	
8	0940	AA,AB,AC,AF	.5	
9	1422	AA,AB,AC,AF	.5	
10	1303	AA,AB,AC,AF	.5	
11	1048	AA,AB,AC,AF	.5	
12	0932	AA,AB,AC,AF	.5	
13	1432	AA,AB,AC,AF	.5	
14	1013	AA,AB,AC,AF	.5	
15	1042	AA,AB,AC,AF	.6	
16	1256	AA,AB,AC,AF	.6	
17	1002	AA,AB,AC,AF	.6	
18	1424	AA,AB,AC,AF	.5	
19	0932	AA,AB,AC,AF	.5	
20	1605	AA,AB,AC,AF	.6	
21	1718	AA,AB,AC,AF	.5	
22	1314	AA,AB,AC,AF	.5	
23	0803	AA,AB,AC,AF	.5	
24	0941	AA,AB,AC,AF	.6	
25	1432	AA,AB,AC,AF	.6	
26	1528	AA,AB,AC,AF	.6	
27	1202	AA,AB,AC,AF	.6	
28	1437	AA,AB,AC,AF	.6	
29	1424	AA,AB,AC,AF	.6	
30	1412	AA,AB,AC,AF	.6	
31		AA,AB,AC,AF	.	
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 / 10 / 2025		Title: Facilities Director Phone #: (541) 459-1511 ext 462		Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>