

**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    12/2025		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	1015	AA,AB,AC,AF	.5	
2	1708	AA,AB,AC,AF	.5	
3	0918	AA,AB,AC,AF	.5	
4	1020	AA,AB,AC,AF	.6	
5	1602	AA,AB,AC,AF	.6	
6	1510	AA,AB,AC,AF	.6	
7	1307	AA,AB,AC,AF	.6	
8	1014	AA,AB,AC,AF	.5	
9	1554	AA,AB,AC,AF	.5	
10	1131	AA,AB,AC,AF	.8	
11	1102	AA,AB,AC,AF	.8	
12	1439	AA,AB,AC,AF	.6	
13	1205	AA,AB,AC,AF	.5	
14	0837	AA,AB,AC,AF	.5	
15	0905	AA,AB,AC,AF	.5	
16	1322	AA,AB,AC,AF	.5	
17	1252	AA,AB,AC,AF	.5	
18	1030	AA,AB,AC,AF	.6	
19	0908	AA,AB,AC,AF	.7	
20	0710	AA,AB,AC,AF	.6	
21	0913	AA,AB,AC,AF	.6	
22	1415	AA,AB,AC,AF	.5	
23	1204	AA,AB,AC,AF	.6	
24	1316	AA,AB,AC,AF	.5	
25	0918	AA,AB,AC,AF	.6	
26	1714	AA,AB,AC,AF	.5	
27	1211	AA,AB,AC,AF	.6	
28	0858	AA,AB,AC,AF	.5	
29	0751	AA,AB,AC,AF	.5	
30	0810	AA,AB,AC,AF	.5	
31	0931	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.				
<b>GWS Serving 3,300 or Fewer</b> 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>		<b>GWS Serving More Than 3,300</b> 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: 01 / 09 / 2026		Title: Facilities Director Phone #: (541) 459-1511 ext 462		Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>