

**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 6/2023

Entry Point: First User (Shop)

Required Minimum Residual .04 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0639	AA,AB,AC,AF	.5	
2	0611	AA,AB,AC,AF	.4	
3	0658	AA,AB,AC,AF	.5	
4	0646	AA,AB,AC,AF	.4	
5	0642	AA,AB,AC,AF	.6	
6	0735	AA,AB,AC,AF	.6	
7	0635	AA,AB,AC,AF	.7	
8	0635	AA,AB,AC,AF	.6	
9	0809	AA,AB,AC,AF	.6	
10	0833	AA,AB,AC,AF	.7	
11	0800	AA,AB,AC,AF	.6	
12	0932	AA,AB,AC,AF	.7	
13	1132	AA,AB,AC,AF	.8	
14	0727	AA,AB,AC,AF	.5	
15	0706	AA,AB,AC,AF	.7	
16	0747	AA,AB,AC,AF	.7	
17	0551	AA,AB,AC,AF	.9	
18	0807	AA,AB,AC,AF	.5	
19	0635	AA,AB,AC,AF	.4	
20	0633	AA,AB,AC,AF	.5	
21	0625	AA,AB,AC,AF	.5	
22	0637	AA,AB,AC,AF	.6	
23	0635	AA,AB,AC,AF	.6	
24	0745	AA,AB,AC,AF	.7	
25	0650	AA,AB,AC,AF	.7	
26	0658	AA,AB,AC,AF	.7	
27	0750	AA,AB,AC,AF	.7	
28	0717	AA,AB,AC,AF	.8	
29	0715	AA,AB,AC,AF	.7	
30	0715	AA,AB,AC,AF	.8	
31	NA	AA,AB,AC,AF	.NA	

Was the chlorine residual ever less than the required minimum residual of .4 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 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>	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>	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: Ed Humber

Title: Facilities Director

Operator Certification #:

Signature: Edward Humber

Phone #: (541) 459-1511ext462

OR

Date: 07 / 01 / 2023

Small Groundwater System