

**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 7/2023

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	0610	AA,AB,AC,AF	.8	
2	0717	AA,AB,AC,AF	.9	
3	0725	AA,AB,AC,AF	.8	
4	0719	AA,AB,AC,AF	.8	
5	0652	AA,AB,AC,AF	.6	
6	0745	AA,AB,AC,AF	.7	
7	0806	AA,AB,AC,AF	.6	
8	0805	AA,AB,AC,AF	.7	
9	0632	AA,AB,AC,AF	.8	
10	0832	AA,AB,AC,AF	.7	
11	0723	AA,AB,AC,AF	.5	
12	0649	AA,AB,AC,AF	.6	
13	0801	AA,AB,AC,AF	.6	
14	0939	AA,AB,AC,AF	.7	
15	0814	AA,AB,AC,AF	.7	
16	0728	AA,AB,AC,AF	.8	
17	0703	AA,AB,AC,AF	.6	
18	0811	AA,AB,AC,AF	.7	
19	0946	AA,AB,AC,AF	.8	
20	0819	AA,AB,AC,AF	1.0	
21	0828	AA,AB,AC,AF	.4	
22	0855	AA,AB,AC,AF	.6	
23	0846	AA,AB,AC,AF	.9	
24	0614	AA,AB,AC,AF	1.0	
25	0746	AA,AB,AC,AF	.9	
26	0714	AA,AB,AC,AF	.5	
27	0704	AA,AB,AC,AF	.6	
28	0635	AA,AB,AC,AF	1.0	
29	0609	AA,AB,AC,AF	.9	
30	0822	AA,AB,AC,AF	.7	
31	0713	AA,AB,AC,AF	.6	

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**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
*Attach those results and submit them with this form.*

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
*Attach grab sample results and submit them with this form.*

Date continuous monitoring equipment failed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date it was returned to service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: Ed Humber Title: Facilities Director  
 Signature: Edward Humber Phone #: (541) 459-1511ext462  
 Date: 08 / 10 / 2023

Operator Certification #:  
 OR  
 Small Groundwater System