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 _ 9/2023 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	to Notes							
1	1357	AA,AB,AC,AF		.4								
2	0654	AA,AB,AC,AF		.5								
3	0718	AA,AB,AC,AF		.4								
4	0725	AA,AB,AC,AF		.4								
5	0930	AA,AB,AC,AF		.4								
6	0810	AA,AB,AC,AF		.4								
7	0748	AA,AB,AC,AF		.4								
8	0750	AA,AB,AC,AF		.4								
9	0644	AA,AB,AC,AF		.4								
10	0745	AA,AB,AC,AF		.5								
11	0811	AA,AB,AC,AF		.5								
12	0845	AA,AB,AC,AF		.4								
13	1250	AA,AB,AC,AF		.5								
14	0745	AA,AB,AC,AF		.5								
15	0810	AA,AB,AC,AF		.5								
16	0756	AA,AB,AC,AF		.6								
17	0759	AA,AB,AC,AF		.8								
18	1015	AA,AB,AC,AF		.9								
19	0744	AA,AB,AC,AF		1.0								
20	1018	AA,AB,AC,AF		1.0								
21	0738	AA,AB,AC,AF		1.0								
22	0644	AA,AB,AC,AF		.8								
23	0735	AA,AB,AC,AF		.7								
24	0941	AA,AB,AC,AF		.7								
25	0930	AA,AB,AC,AF		.6								
26	0330	AA,AB,AC,AF AA,AB,AC,AF		.6								
20	0942	AA,AB,AC,AF AA,AB,AC,AF		.5								
28	0753			.5								
20	0755	AA,AB,AC,AF AA,AB,AC,AF		.5								
30	0732	AA,AB,AC,AF		.6								
31	NA	AA,AB,AC,AF		.0 .NA								
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Was the chlorine residual ever less than the required minimum residual of .4 mg/L? \Box Yes \boxtimes No If yes, what was the longest time period until the required level was restored? hours – <u>If > 4 hours, Drinking Water Program to be</u> notified by end of next business day.												
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300												
	-					Date continuous monitoring						
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.				n? Yes No	any time tins	equipment failed:						
			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? / / Date it was returned to service as required? No service: Attach grab sample results and submit them with this form. / /									
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						Printed N	Name: Ed Hi	umber	Title: Facilities Director		Operator Certification #:	
							CΛ	word Jumbor				
Signatur	e:	word Annher	Phone #: (541) 459-1511ext462		OR							
Date: 10) / 02 / 2023				Small G	roundwaterSystem 🖂						

December 19, 2012