

**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 10/2023

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	0730	AA,AB,AC,AF	.6	
2	0918	AA,AB,AC,AF	.6	
3	0757	AA,AB,AC,AF	.6	
4	0533	AA,AB,AC,AF	.7	
5	0835	AA,AB,AC,AF	.6	
6	0746	AA,AB,AC,AF	.5	
7	0736	AA,AB,AC,AF	.5	
8	0826	AA,AB,AC,AF	.5	
9	0748	AA,AB,AC,AF	.7	
10	0738	AA,AB,AC,AF	.6	
11	1004	AA,AB,AC,AF	.5	
12	1006	AA,AB,AC,AF	.6	
13	0842	AA,AB,AC,AF	.5	
14	0906	AA,AB,AC,AF	.5	
15	0949	AA,AB,AC,AF	.5	
16	0647	AA,AB,AC,AF	.5	
17	0737	AA,AB,AC,AF	.5	
18	0741	AA,AB,AC,AF	.5	
19	1058	AA,AB,AC,AF	.5	
20	0531	AA,AB,AC,AF	.5	
21	1057	AA,AB,AC,AF	.5	
22	1049	AA,AB,AC,AF	.5	
23	0754	AA,AB,AC,AF	.4	
24	0741	AA,AB,AC,AF	.4	
25	0739	AA,AB,AC,AF	.4	
26	0741	AA,AB,AC,AF	.5	
27	0801	AA,AB,AC,AF	.5	
28	0755	AA,AB,AC,AF	.5	
29	0751	AA,AB,AC,AF	.5	
30	0744	AA,AB,AC,AF	.5	
31	0741	AA,AB,AC,AF	.8	

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: 11 / 02 / 2023

Small Groundwater System