

**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 11/2023

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	0935	AA,AB,AC,AF	1.0	
2	0825	AA,AB,AC,AF	1.0	
3	0806	AA,AB,AC,AF	.9	
4	0902	AA,AB,AC,AF	.8	
5	0918	AA,AB,AC,AF	.7	
6	0958	AA,AB,AC,AF	.6	
7	0835	AA,AB,AC,AF	.5	
8	0850	AA,AB,AC,AF	.5	
9	0859	AA,AB,AC,AF	.5	
10	0852	AA,AB,AC,AF	.5	
11	0926	AA,AB,AC,AF	.6	
12	0937	AA,AB,AC,AF	.7	
13	0815	AA,AB,AC,AF	.8	
14	1048	AA,AB,AC,AF	.8	
15	1001	AA,AB,AC,AF	.8	
16	0754	AA,AB,AC,AF	.8	
17	1017	AA,AB,AC,AF	.7	
18	0549	AA,AB,AC,AF	.6	
19	0944	AA,AB,AC,AF	.5	
20	0945	AA,AB,AC,AF	.6	
21	1101	AA,AB,AC,AF	.5	
22	0958	AA,AB,AC,AF	.5	
23	1423	AA,AB,AC,AF	.5	
24	1048	AA,AB,AC,AF	.5	
25	1215	AA,AB,AC,AF	.5	
26	0939	AA,AB,AC,AF	.5	
27	0945	AA,AB,AC,AF	.5	
28	0843	AA,AB,AC,AF	.5	
29	0914	AA,AB,AC,AF	.5	
30	0902	AA,AB,AC,AF	.7	
31	NA	AA,AB,AC,AF	.	

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: 12 / 04 / 2023

Small Groundwater System