

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 12/2023

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	0909	AA,AB,AC,AF	.6	
2	0820	AA,AB,AC,AF	.6	
3	0833	AA,AB,AC,AF	.6	
4	0909	AA,AB,AC,AF	.6	
5	0922	AA,AB,AC,AF	.6	
6	0640	AA,AB,AC,AF	.6	
7	0847	AA,AB,AC,AF	.6	
8	1032	AA,AB,AC,AF	.5	
9	0542	AA,AB,AC,AF	.5	
10	0801	AA,AB,AC,AF	.5	
11	0843	AA,AB,AC,AF	.5	
12	0827	AA,AB,AC,AF	.5	
13	1134	AA,AB,AC,AF	.5	
14	0919	AA,AB,AC,AF	.5	
15	1106	AA,AB,AC,AF	.5	
16	0806	AA,AB,AC,AF	.5	
17	1253	AA,AB,AC,AF	.5	
18	1024	AA,AB,AC,AF	.5	
19	1310	AA,AB,AC,AF	.5	
20	1021	AA,AB,AC,AF	.5	
21	1248	AA,AB,AC,AF	.5	
22	1206	AA,AB,AC,AF	.5	
23	1055	AA,AB,AC,AF	.5	
24	0656	AA,AB,AC,AF	.5	
25	1028	AA,AB,AC,AF	.6	
26	1058	AA,AB,AC,AF	.5	
27	0931	AA,AB,AC,AF	.5	
28	1051	AA,AB,AC,AF	.5	
29	1404	AA,AB,AC,AF	.4	
30	0726	AA,AB,AC,AF	.5	
31	0936	AA,AB,AC,AF	.5	

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: 01 / 02 / 2024

Small Groundwater System