

**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 _ 02/2024

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	0911	AA,AB,AC,AF	.5	
2	0842	AA,AB,AC,AF	.5	
3	1021	AA,AB,AC,AF	.4	
4	0759	AA,AB,AC,AF	.5	
5	0740	AA,AB,AC,AF	.4	
6	0740	AA,AB,AC,AF	.4	
7	0904	AA,AB,AC,AF	.4	
8	0650	AA,AB,AC,AF	.4	
9	0940	AA,AB,AC,AF	.4	
10	0622	AA,AB,AC,AF	.4	
11	0902	AA,AB,AC,AF	.4	
12	0828	AA,AB,AC,AF	.4	
13	1034	AA,AB,AC,AF	.4	
14	0933	AA,AB,AC,AF	.6	
15	0833	AA,AB,AC,AF	.5	
16	1038	AA,AB,AC,AF	.5	
17	0937	AA,AB,AC,AF	.4	
18	0913	AA,AB,AC,AF	.4	
19	0728	AA,AB,AC,AF	.4	
20	0956	AA,AB,AC,AF	.4	
21	0805	AA,AB,AC,AF	.6	
22	1028	AA,AB,AC,AF	.5	
23	0905	AA,AB,AC,AF	.6	
24	0839	AA,AB,AC,AF	.4	
25	0807	AA,AB,AC,AF	.4	
26	0653	AA,AB,AC,AF	.5	
27	0802	AA,AB,AC,AF	.4	
28	0808	AA,AB,AC,AF	1.0	
29	0841	AA,AB,AC,AF	.6	
30	0	AA,AB,AC,AF	.	
31	0	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: 03 / 02 / 2024

Small Groundwater System