

**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 _ 03/2024

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 | 0915 | AA,AB,AC,AF | .5 | |
| 2 | 0826 | AA,AB,AC,AF | .8 | |
| 3 | 0737 | AA,AB,AC,AF | .5 | |
| 4 | 1009 | AA,AB,AC,AF | 1.0 | |
| 5 | 1035 | AA,AB,AC,AF | .7 | |
| 6 | 1026 | AA,AB,AC,AF | 1.0 | |
| 7 | 0805 | AA,AB,AC,AF | .7 | |
| 8 | 1344 | AA,AB,AC,AF | .5 | |
| 9 | 0657 | AA,AB,AC,AF | .5 | |
| 10 | 0915 | AA,AB,AC,AF | .4 | |
| 11 | 2226 | AA,AB,AC,AF | .4 | |
| 12 | 1250 | AA,AB,AC,AF | .5 | |
| 13 | 0918 | AA,AB,AC,AF | .4 | |
| 14 | 0843 | AA,AB,AC,AF | 1.0 | |
| 15 | 0743 | AA,AB,AC,AF | 1.0 | |
| 16 | 0532 | AA,AB,AC,AF | .8 | |
| 17 | 1359 | AA,AB,AC,AF | .5 | |
| 18 | 0844 | AA,AB,AC,AF | .4 | |
| 19 | 1016 | AA,AB,AC,AF | .8 | |
| 20 | 0925 | AA,AB,AC,AF | .8 | |
| 21 | 0620 | AA,AB,AC,AF | .6 | |
| 22 | 0900 | AA,AB,AC,AF | .4 | |
| 23 | 1002 | AA,AB,AC,AF | .4 | |
| 24 | 0935 | AA,AB,AC,AF | .4 | |
| 25 | 1028 | AA,AB,AC,AF | .4 | |
| 26 | 1011 | AA,AB,AC,AF | .4 | |
| 27 | 1008 | AA,AB,AC,AF | .7 | |
| 28 | 1047 | AA,AB,AC,AF | .6 | |
| 29 | 1014 | AA,AB,AC,AF | .6 | |
| 30 | 0938 | AA,AB,AC,AF | .6 | |
| 31 | 0842 | AA,AB,AC,AF | .4 | |

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: 04 / 01 / 2024

Small Groundwater System