

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 _ 05/2024

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	1153	AA,AB,AC,AF	.6	
2	1143	AA,AB,AC,AF	.5	
3	0709	AA,AB,AC,AF	.5	
4	0726	AA,AB,AC,AF	.5	
5	0708	AA,AB,AC,AF	.5	
6	0915	AA,AB,AC,AF	.5	
7	0818	AA,AB,AC,AF	.5	
8	0820	AA,AB,AC,AF	.5	
9	0914	AA,AB,AC,AF	.5	
10	0932	AA,AB,AC,AF	.5	
11	0914	AA,AB,AC,AF	.5	
12	2313	AA,AB,AC,AF	.5	
13	0740	AA,AB,AC,AF	.5	
14	0855	AA,AB,AC,AF	.5	
15	0747	AA,AB,AC,AF	.6	
16	0700	AA,AB,AC,AF	.6	
17	1040	AA,AB,AC,AF	.6	
18	1223	AA,AB,AC,AF	.5	
19	2105	AA,AB,AC,AF	.5	
20	0826	AA,AB,AC,AF	.6	
21	0855	AA,AB,AC,AF	.5	
22	0749	AA,AB,AC,AF	.6	
23	0754	AA,AB,AC,AF	.7	
24	0706	AA,AB,AC,AF	.8	
25	0656	AA,AB,AC,AF	.9	
26	0828	AA,AB,AC,AF	1.0	
27	0727	AA,AB,AC,AF	1.0	
28	0824	AA,AB,AC,AF	1.0	
29	1516	AA,AB,AC,AF	.8	
30	0748	AA,AB,AC,AF	.9	
31	0749	AA,AB,AC,AF	.7	

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: 06 / 01 / 2024

Small Groundwater System