

**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 _ 06/2024

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	0834	AA,AB,AC,AF	.5	
2	0945	AA,AB,AC,AF	.4	
3	0753	AA,AB,AC,AF	.4	
4	0823	AA,AB,AC,AF	.5	
5	0829	AA,AB,AC,AF	.6	
6	0840	AA,AB,AC,AF	.7	
7	0/50	AA,AB,AC,AF	.9	
8	1058	AA,AB,AC,AF	.9	
9	0915	AA,AB,AC,AF	1.0	
10	0729	AA,AB,AC,AF	1.0	
11	0908	AA,AB,AC,AF	.9	
12	0716	AA,AB,AC,AF	.7	
13	0655	AA,AB,AC,AF	.8	
14	0705	AA,AB,AC,AF	.7	
15	1108	AA,AB,AC,AF	.7	
16	1448	AA,AB,AC,AF	.6	
17	0831	AA,AB,AC,AF	.6	
18	0956	AA,AB,AC,AF	.5	
19	1556	AA,AB,AC,AF	.7	
20	1507	AA,AB,AC,AF	.8	
21	0810	AA,AB,AC,AF	.5	
22	0652	AA,AB,AC,AF	1.0	
23	0751	AA,AB,AC,AF	1.0	
24	1505	AA,AB,AC,AF	.9	
25	0617	AA,AB,AC,AF	.8	
26	0611	AA,AB,AC,AF	.9	
27	1556	AA,AB,AC,AF	1.0	
28	0744	AA,AB,AC,AF	.7	
29	1241	AA,AB,AC,AF	.7	
30	0749	AA,AB,AC,AF	.5	
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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Ed Humber

Title: Facilities Director

Operator Certification #:

Signature: Edward Humber

Phone #: (541) 459-1511ext462

OR

Date: 07 / 01 / 2024

Small Groundwater System