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 _	10/2024 Entry Po	int: First User	(Shop) Re	quired Minimum Residual 0.45 mg		
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/l		Notes	
1	0809	AA,AB,AC,AF		1.0			
2	0754	AA,AB,AC,AF		1.0			
3	0934	AA,AB,AC,AF		1.0			
4	0706	AA,AB,AC,AF		1.0			
5	1210	AA,AB,AC,AF		1.0			
6	1607	AA,AB,AC,AF		2.5			
7	2012	AA,AB,AC,AF		1.0			
8	1633	AA,AB,AC,AF		1.0			
9	0849	AA,AB,AC,AF		.8			
10	1359	AA,AB,AC,AF		.5			
11	0853	AA,AB,AC,AF		.6			
12	0809	AA,AB,AC,AF		1.0			
13	1505	AA,AB,AC,AF		1.0			
14	1034	AA,AB,AC,AF		.5			
15	0847	AA,AB,AC,AF		.7			
16	1050	AA,AB,AC,AF		1.0			
17	0918	AA,AB,AC,AF		.8			
18	0802	AA,AB,AC,AF		.5			
19	1014	AA,AB,AC,AF		1.0			
20	1408	AA,AB,AC,AF		1.0			
21	0811	AA,AB,AC,AF		.8			
22	0744	AA,AB,AC,AF		.5			
23	1112	AA,AB,AC,AF		.6			
24	0832	AA,AB,AC,AF		.7			
25	0840	AA,AB,AC,AF		.7			
26	0928	AA,AB,AC,AF		.6			
27	1904	AA,AB,AC,AF		.6			
28	0739	AA,AB,AC,AF		.6			
29	0741	AA,AB,AC,AF		.5			
30	0737	AA,AB,AC,AF		.5			
31	0839	AA.AB.AC.AF		.5			
Was the chlorine residual ever less than the required minimum residual of .45 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.							
GW	S Serving	g 3,300 or Fewer	More Than 3,3	300			
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form.			Did continuous monitoring equipment fail at any time this reporting month? Yes No			Date continuous monitoring equipment failed:	
			If yes, were grab samples collected every four hours until continuous monitoring equipment was returned to service required? Yes No Attach grab sample results and submit them with this form			Date it was returned to service:	
Printed I	Name: Ed F		Title: Facilities Director		Operator Certification #:		
Signatur	re:	hord fumber	Phone #: (541) 459-1511ext462		OR		
Date: 11 / 04 / 2024					Small Groundwater System ⊠		