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						
System Hame Monogy Opinings Samp Simistration Camp						
Month/Year _ 11/2024 Entry Point: First User (Shop) Required Minimum Residual 0.45 mg						
Date	Time	Source(s) in use		Lowest free chloring residual at entry point to distribution system (mg/l		Notes
1	0742	AA,AB,AC,AF		.5		
2	0948	AA,AB,AC,AF		.6		
3	1321	AA,AB,AC,AF		.6		
4	0747	AA,AB,AC,AF				
5	0714	AA,AB,AC,AF		.8		
6	0732	AA,AB,AC,AF		.8		
7	0953	AA,AB,AC,AF		.8		
8	0747	AA,AB,AC,AF		.8		
9	0912	AA,AB,AC,AF		1.0		
10	1636	AA,AB,AC,AF		1.0		
11	1527	AA,AB,AC,AF		1.0		
12	0740	AA,AB,AC,AF		1.0		
13	0954	AA,AB,AC,AF		1.0		
14	0738	AA,AB,AC,AF		1.0		
15	0752	AA,AB,AC,AF		1.0		
16	1417	AA,AB,AC,AF		1.0		
17	1907	AA,AB,AC,AF		.9		
18	0911	AA,AB,AC,AF		.8		
19	0745	AA,AB,AC,AF		.7		
20	0741	AA,AB,AC,AF		.7		
21	0749	AA,AB,AC,AF		.6		
22	0740	AA,AB,AC,AF		.7		
23	0833	AA,AB,AC,AF		.5		
24	1312	AA,AB,AC,AF		.5		
25	1053	AA,AB,AC,AF		.5		
26	1315	AA,AB,AC,AF		.5		
27	1443	AA,AB,AC,AF		.6		
28	0830	AA,AB,AC,AF		.6		
29	1752	AA,AB,AC,AF		.8		
30	0916	AA,AB,AC,AF		.8		
31	0	AA.AB.AC.AF		.NA		
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.						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						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 the continuous monitoring equipment was returned to service as required? Yes No			Date it was returned to service:
Attach grab sample results and submit them with this form.						
Printed I	Name: Ed H		Title: Facilities Director		Operator Certification #:	
Signatur	re: <u> </u>	rolmer (brown	Phone #: (541) 459-1511ext462		OR	
Date: 1	2 / 04 / 2024				Small Groundwater System ⊠	