

**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   1/2021  

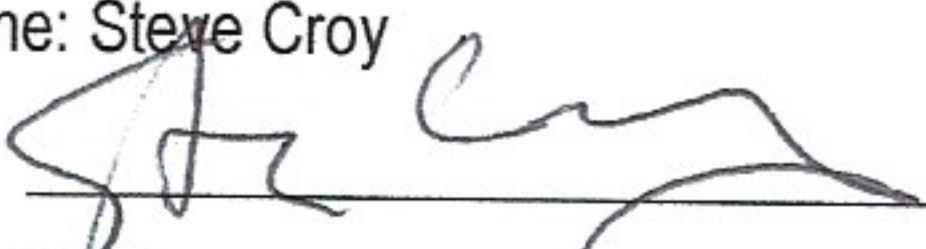
Entry Point: First User ( Shop)

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	13.01	AA,AB,AC,AF	.4	
2	10.25	AA,AB,AC,AF	.4	
3	12.13	AA,AB,AC,AF	.4	
4	9.32	AA,AB,AC,AF	.7	
5	9.42	AA,AB,AC,AF	.4	
6	10.15	AA,AB,AC,AF	.8	
7	9.44	AA,AB,AC,AF	.4	
8	13.24	AA,AB,AC,AF	.4	
9	9.19	AA,AB,AC,AF	.4	
10	9.29	AA,AB,AC,AF	.8	
11	10.59	AA,AB,AC,AF	.4	
12	10.10	AA,AB,AC,AF	.4	
13	9.55	AA,AB,AC,AF	.6	
14	9.29	AA,AB,AC,AF	.7	
15	9.32	AA,AB,AC,AF	.4	
16	8.39	AA,AB,AC,AF	.4	
17	11.44	AA,AB,AC,AF	.8	
18	9.24	AA,AB,AC,AF	.5	
19	12.05	AA,AB,AC,AF	.8	
20	10.24	AA,AB,AC,AF	.6	
21	10.03	AA,AB,AC,AF	.8	
22	9.43	AA,AB,AC,AF	.4	
23	10.09	AA,AB,AC,AF	.4	
24	8.40	AA,AB,AC,AF	.4	
25	9.03	AA,AB,AC,AF	.4	
26	8.49	AA,AB,AC,AF	.4	
27	9.20	AA,AB,AC,AF	.4	
28	14.34	AA,AB,AC,AF	.8	
29	9.19	AA,AB,AC,AF	.4	
30	9.46	AA,AB,AC,AF	.4	
31	9.47	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.

<p><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></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: Steve Croy Signature:  Date: 2 / 1 / 2021	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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