

**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 \_12/2021

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	0757	AA,AB,AC,AF	.5	
2	0502	AA,AB,AC,AF	.5	
3	0722	AA,AB,AC,AF	.5	
4	1143	AA,AB,AC,AF	.6	
5	2127	AA,AB,AC,AF	.5	
6	0940	AA,AB,AC,AF	.5	
7	1019	AA,AB,AC,AF	.5	
8	0842	AA,AB,AC,AF	.6	
9	2042	AA,AB,AC,AF	.6	
10	0858	AA,AB,AC,AF	.5	
11	1027	AA,AB,AC,AF	.4	
12	2047	AA,AB,AC,AF	.4	
13	0834	AA,AB,AC,AF	.6	
14	0848	AA,AB,AC,AF	.6	
15	0911	AA,AB,AC,AF	.5	
16	0925	AA,AB,AC,AF	.6	
17	1019	AA,AB,AC,AF	.5	
18	0933	AA,AB,AC,AF	.5	
19	1510	AA,AB,AC,AF	.5	
20	1022	AA,AB,AC,AF	.5	
21	1030	AA,AB,AC,AF	.5	
22	1008	AA,AB,AC,AF	.4	
23	1131	AA,AB,AC,AF	.4	
24	1021	AA,AB,AC,AF	.5	
25	1031	AA,AB,AC,AF	.5	
26	1418	AA,AB,AC,AF	.5	
27	1111	AA,AB,AC,AF	.5	
28	1102	AA,AB,AC,AF	.5	
29	0951	AA,AB,AC,AF	.5	
30	0932	AA,AB,AC,AF	.6	
31	1034	AA,AB,AC,AF	.6	

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**

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.*

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

*Attach grab sample results and submit them with this form.*

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Steve Croy

Signature: 

Date: 1 / 02 / 2021

Title: Facilities Director

Phone #: (541) 459-1511ext462

Operator Certification #:

OR

Small Groundwater System