

**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 1/2022

Entry Point: First User (Shop)

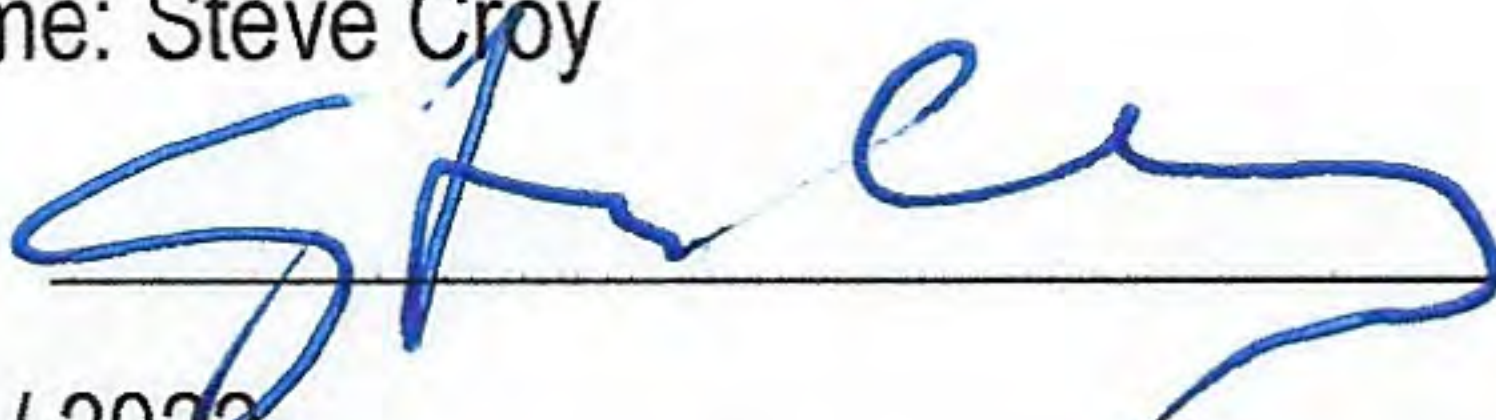
Required Minimum Residual .04 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1026	AA,AB,AC,AF	.5	
2	0918	AA,AB,AC,AF	.5	
3	0945	AA,AB,AC,AF	.5	
4	0924	AA,AB,AC,AF	.5	
5	0954	AA,AB,AC,AF	.5	
6	0503	AA,AB,AC,AF	.5	
7	0951	AA,AB,AC,AF	.5	
8	1051	AA,AB,AC,AF	.5	
9	0900	AA,AB,AC,AF	.5	
10	0959	AA,AB,AC,AF	.5	
11	1209	AA,AB,AC,AF	.5	
12	0841	AA,AB,AC,AF	.5	
13	0942	AA,AB,AC,AF	.5	
14	1225	AA,AB,AC,AF	.5	
15	0836	AA,AB,AC,AF	.5	
16	1455	AA,AB,AC,AF	.5	
17	0927	AA,AB,AC,AF	.5	
18	0918	AA,AB,AC,AF	.5	
19	0943	AA,AB,AC,AF	.5	
20	0503	AA,AB,AC,AF	.5	
21	0820	AA,AB,AC,AF	.5	
22	1120	AA,AB,AC,AF	.5	
23	0848	AA,AB,AC,AF	.5	
24	0922	AA,AB,AC,AF	.5	
25	0841	AA,AB,AC,AF	.5	
26	0943	AA,AB,AC,AF	.5	
27	0503	AA,AB,AC,AF	.5	
28	0852	AA,AB,AC,AF	.6	
29	0908	AA,AB,AC,AF	.5	
30	0915	AA,AB,AC,AF	.5	
31	0855	AA,AB,AC,AF	.5	

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

Printed Name: Steve Croy	Title: Facilities Director	Operator Certification #:
Signature: 	Phone #: (541) 459-1511ext462	OR
Date: 2/2/2022		Small Groundwater System <input checked="" type="checkbox"/>