

**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 __3/2022	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	0900	AA,AB,AC,AF	.8	
2	0831	AA,AB,AC,AF	.8	
3	0828	AA,AB,AC,AF	.8	
4	0857	AA,AB,AC,AF	.8	
5	0739	AA,AB,AC,AF	.8	
6	0759	AA,AB,AC,AF	1.4	
7	0823	AA,AB,AC,AF	1.2	
8	0850	AA,AB,AC,AF	1.2	
9	0913	AA,AB,AC,AF	1.2	
10	0848	AA,AB,AC,AF	1.2	
11	0840	AA,AB,AC,AF	1.0	
12	0902	AA,AB,AC,AF	1.0	
13	0934	AA,AB,AC,AF	.9	
14	0904	AA,AB,AC,AF	.8	
15	0841	AA,AB,AC,AF	.7	
16	0836	AA,AB,AC,AF	.7	
17	0908	AA,AB,AC,AF	.6	
18	0808	AA,AB,AC,AF	.7	
19	0742	AA,AB,AC,AF	.7	
20	0739	AA,AB,AC,AF	.8	
21	0723	AA,AB,AC,AF	.8	
22	1354	AA,AB,AC,AF	.8	
23	0825	AA,AB,AC,AF	1.2	
24	0524	AA,AB,AC,AF	1.0	
25	0800	AA,AB,AC,AF	1.0	
26	0851	AA,AB,AC,AF	.9	
27	0928	AA,AB,AC,AF	.9	
28	0852	AA,AB,AC,AF	.7	
29	0857	AA,AB,AC,AF	.6	
30	0900	AA,AB,AC,AF	.5	
31	0612	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.

<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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	Title: Facilities Director	Operator Certification #:
Signature:	Phone #: (541) 459-1511ext462	OR
Date: 4 / 2 / 2022		Small Groundwater System <input checked="" type="checkbox"/>