

**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 4/2022

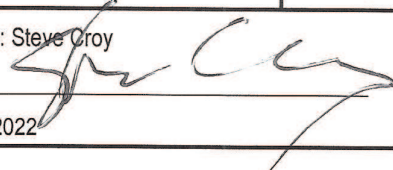
Entry Point: First User ( Shop)

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	0852	AA,AB,AC,AF	.5	
2	0718	AA,AB,AC,AF	.5	
3	0716	AA,AB,AC,AF	.6	
4	1013	AA,AB,AC,AF	.6	
5	0916	AA,AB,AC,AF	.5	
6	0845	AA,AB,AC,AF	.6	
7	0746	AA,AB,AC,AF	.5	
8	0808	AA,AB,AC,AF	.6	
9	0700	AA,AB,AC,AF	.6	
10	0728	AA,AB,AC,AF	.5	
11	0838	AA,AB,AC,AF	.5	
12	0902	AA,AB,AC,AF	.6	
13	0819	AA,AB,AC,AF	.6	
14	2011	AA,AB,AC,AF	.6	
15	0855	AA,AB,AC,AF	.5	
16	1010	AA,AB,AC,AF	.5	
17	1818	AA,AB,AC,AF	.4	
18	0854	AA,AB,AC,AF	.4	
19	0811	AA,AB,AC,AF	.4	
20	0838	AA,AB,AC,AF	.4	
21	0857	AA,AB,AC,AF	.4	
22	0829	AA,AB,AC,AF	.4	
23	0648	AA,AB,AC,AF	.4	
24	1023	AA,AB,AC,AF	.4	
25	0819	AA,AB,AC,AF	.4	
26	0842	AA,AB,AC,AF	.4	
27	0911	AA,AB,AC,AF	.4	
28	0902	AA,AB,AC,AF	.4	
29	0735	AA,AB,AC,AF	.4	
30	0745	AA,AB,AC,AF	.4	
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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> <table border="0"> <tr> <td style="width: 50%;">                     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> </td> <td style="width: 50%;">                     Date continuous monitoring equipment failed: _____ / _____ / _____                       Date it was returned to service: _____ / _____ / _____                 </td> </tr> </table>	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: _____ / _____ / _____
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Printed Name: Steve Croy Signature:  Date: 5 / 2 / 2022	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #:  OR Small Groundwater System <input checked="" type="checkbox"/>
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