

**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 June/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	0740	AA,AB,AC,AF	.5	
2	0737	AA,AB,AC,AF	.5	
3	0841	AA,AB,AC,AF	.5	
4	0812	AA,AB,AC,AF	.5	
5	0902	AA,AB,AC,AF	.5	
6	0746	AA,AB,AC,AF	.5	
7	0840	AA,AB,AC,AF	.4	
8	0659	AA,AB,AC,AF	.4	
9	0913	AA,AB,AC,AF	.5	
10	0415	AA,AB,AC,AF	.4	
11	0810	AA,AB,AC,AF	.5	
12	1351	AA,AB,AC,AF	.5	
13	0807	AA,AB,AC,AF	.5	
14	0757	AA,AB,AC,AF	.5	
15	0905	AA,AB,AC,AF	.5	
16	0814	AA,AB,AC,AF	.5	
17	0752	AA,AB,AC,AF	.5	
18	0856	AA,AB,AC,AF	.5	
19	0953	AA,AB,AC,AF	.5	
20	0714	AA,AB,AC,AF	.5	
21	0730	AA,AB,AC,AF	.5	
22	0935	AA,AB,AC,AF	.5	
23	0752	AA,AB,AC,AF	.6	
24	0743	AA,AB,AC,AF	.6	
25	0813	AA,AB,AC,AF	.6	
26	0822	AA,AB,AC,AF	.5	
27	0722	AA,AB,AC,AF	.5	
28	0625	AA,AB,AC,AF	.5	
29	.0705	AA,AB,AC,AF	.5	
30	0658	AA,AB,AC,AF	.6	
31	0728	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:

/ /

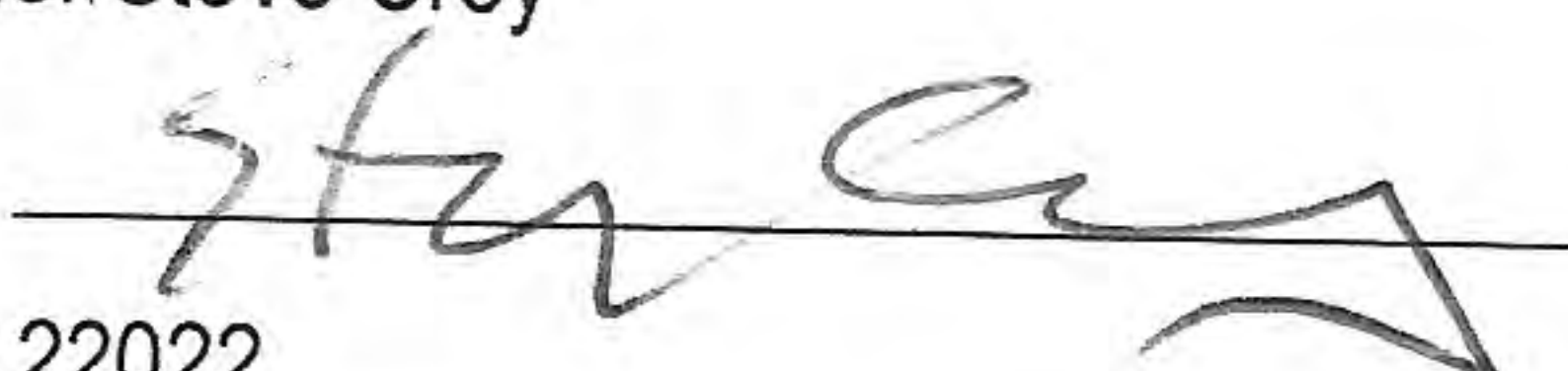
Date it was returned to service:

/ /

Printed Name: Steve Croy

Title: Facilities Director

Operator Certification #:

Signature: 

Phone #: (541) 459-1511ext462

OR

Date: 6 / 1 / 22022

Small Groundwater System