

**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 7/2022


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	0705	AA,AB,AC,AF	.6	
2	0707	AA,AB,AC,AF	.6	
3	0657	AA,AB,AC,AF	.8	
4	0711	AA,AB,AC,AF	.6	
5	0650	AA,AB,AC,AF	.6	
6	0710	AA,AB,AC,AF	.5	
7	0748	AA,AB,AC,AF	.5	
8	0824	AA,AB,AC,AF	.5	
9	0800	AA,AB,AC,AF	.5	
10	0746	AA,AB,AC,AF	.5	
11	0750	AA,AB,AC,AF	.5	
12	0846	AA,AB,AC,AF	.5	
13	0745	AA,AB,AC,AF	.6	
14	0739	AA,AB,AC,AF	.6	
15	0807	AA,AB,AC,AF	.6	
16	0923	AA,AB,AC,AF	.6	
17	0657	AA,AB,AC,AF	.6	
18	1719	AA,AB,AC,AF	.6	
19	1731	AA,AB,AC,AF	.6	
20	0654	AA,AB,AC,AF	.6	
21	0649	AA,AB,AC,AF	.6	
22	0704	AA,AB,AC,AF	.6	
23	0722	AA,AB,AC,AF	.6	
24	0830	AA,AB,AC,AF	.6	
25	0703	AA,AB,AC,AF	.7	
26	0752	AA,AB,AC,AF	.6	
27	0706	AA,AB,AC,AF	.6	
28	0630	AA,AB,AC,AF	.6	
29	0559	AA,AB,AC,AF	.6	
30	0651	AA,AB,AC,AF	.6	
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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>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 align="center">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 Groy	Title: Facilities Director	Operator Certification #:
Signature: 	Phone #: (541) 459-1511ext462	OR
Date: 7/6/2022		Small Groundwater System <input checked="" type="checkbox"/>