

**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	1026	AA,AB,AC,AF	.6	
2	1411	AA,AB,AC,AF	.5	
3	0956	AA,AB,AC,AF	.6	
4	0803	AA,AB,AC,AF	.5	
5	1747	AA,AB,AC,AF	.5	
6	0818	AA,AB,AC,AF	.6	
7	0728	AA,AB,AC,AF	.6	
8	0814	AA,AB,AC,AF	.6	
9	0711	AA,AB,AC,AF	.5	
10	0855	AA,AB,AC,AF	.5	
11	0917	AA,AB,AC,AF	.5	
12	0804	AA,AB,AC,AF	.7	
13	0800	AA,AB,AC,AF	.6	
14	0735	AA,AB,AC,AF	.8	
15	0815	AA,AB,AC,AF	.8	
16	0950	AA,AB,AC,AF	.6	
17	1527	AA,AB,AC,AF	.6	
18	1248	AA,AB,AC,AF	.6	
19	0837	AA,AB,AC,AF	.7	
20	0820	AA,AB,AC,AF	.7	
21	0823	AA,AB,AC,AF	.7	
22	0912	AA,AB,AC,AF	.8	
23	0910	AA,AB,AC,AF	.8	
24	1003	AA,AB,AC,AF	.8	
25	0825	AA,AB,AC,AF	.8	
26	0918	AA,AB,AC,AF	.8	
27	0757	AA,AB,AC,AF	.8	
28	0746	AA,AB,AC,AF	.8	
29	1127	AA,AB,AC,AF	.8	
30	1428	AA,AB,AC,AF	.8	
31	0837	AA,AB,AC,AF	.8	

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> <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>
---	--

Printed Name: Steve Croy Signature:  Date: 8 / 1 / 2022	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
--	---	---