

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Kellogg Springs Camp Christian Camp

PWS ID# 41 90490

Month/Year 8/2022

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	0818	AA,AB,AC,AF	.7	
2	0714	AA,AB,AC,AF	.7	
3	0742	AA,AB,AC,AF	.7	
4	0739	AA,AB,AC,AF	.8	
5	0849	AA,AB,AC,AF	.8	
6	0722	AA,AB,AC,AF	.8	
7	1012	AA,AB,AC,AF	1.2	
8	1020	AA,AB,AC,AF	.7	
9	1022	AA,AB,AC,AF	.7	
10	0801	AA,AB,AC,AF	.7	
11	0940	AA,AB,AC,AF	.7	
12	0821	AA,AB,AC,AF	.7	
13	0919	AA,AB,AC,AF	.7	
14	1247	AA,AB,AC,AF	.8	
15	0730	AA,AB,AC,AF	.7	
16	0734	AA,AB,AC,AF	.8	
17	0636	AA,AB,AC,AF	.8	
18	1200	AA,AB,AC,AF	.8	
19	0742	AA,AB,AC,AF	.8	
20	1104	AA,AB,AC,AF	1.2	
21	0716	AA,AB,AC,AF	1.0	
22	1007	AA,AB,AC,AF	.5	
23	1844	AA,AB,AC,AF	.6	
24	1109	AA,AB,AC,AF	1.0	
25	1128	AA,AB,AC,AF	1.2	
26	0810	AA,AB,AC,AF	1.2	
27	0953	AA,AB,AC,AF	.6	
28	0857	AA,AB,AC,AF	.5	
29	0854	AA,AB,AC,AF	.5	
30	0832	AA,AB,AC,AF	.4	
31	0626	AA,AB,AC,AF	.4	

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 Signature:  Date: 9/1/2022	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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