

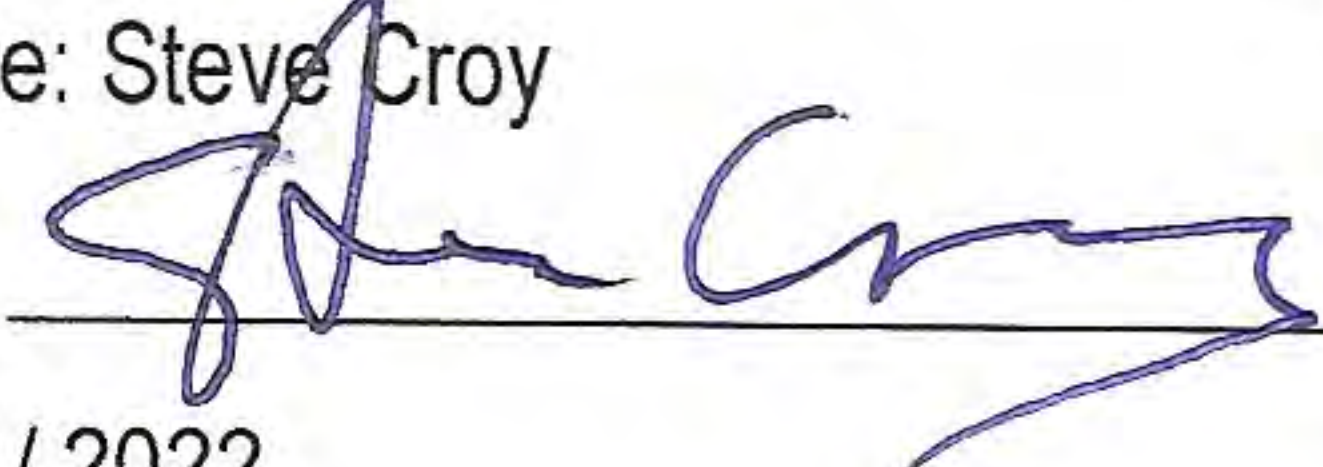
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **Kellogg Springs Camp Christian Camp** PWS ID# **4 1 90490**  
 Month/Year **\_9/2022** 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	0830	AA,AB,AC,AF	.5	
2	0830	AA,AB,AC,AF	.6	
3	0728	AA,AB,AC,AF	.6	
4	0702	AA,AB,AC,AF	.6	
5	0718	AA,AB,AC,AF	.8	
6	0809	AA,AB,AC,AF	.8	
7	0846	AA,AB,AC,AF	.8	
8	0920	AA,AB,AC,AF	.8	
9	0745	AA,AB,AC,AF	.8	
10	0653	AA,AB,AC,AF	.8	
11	1046	AA,AB,AC,AF	.8	
12	0806	AA,AB,AC,AF	.8	
13	1206	AA,AB,AC,AF	.8	
14	0855	AA,AB,AC,AF	.8	
15	0933	AA,AB,AC,AF	.8	
16	0930	AA,AB,AC,AF	.8	
17	1001	AA,AB,AC,AF	.8	
18	1014	AA,AB,AC,AF	.8	
19	0951	AA,AB,AC,AF	.8	
20	0852	AA,AB,AC,AF	.8	
21	0955	AA,AB,AC,AF	.8	
22	0850	AA,AB,AC,AF	.8	
23	0859	AA,AB,AC,AF	.8	
24	0841	AA,AB,AC,AF	.8	
25	0809	AA,AB,AC,AF	.8	
26	1022	AA,AB,AC,AF	.8	
27	0852	AA,AB,AC,AF	.8	
28	0957	AA,AB,AC,AF	.8	
29	1140	AA,AB,AC,AF	.8	
30	1049	AA,AB,AC,AF	.8	
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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: 60%;">                     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: 40%;">                     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: <b>Steve Croy</b> Signature:  Date: <b>10 / 2 / 2022</b>	Title: <b>Facilities Director</b> Phone #: <b>(541) 459-1511ext462</b>	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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