

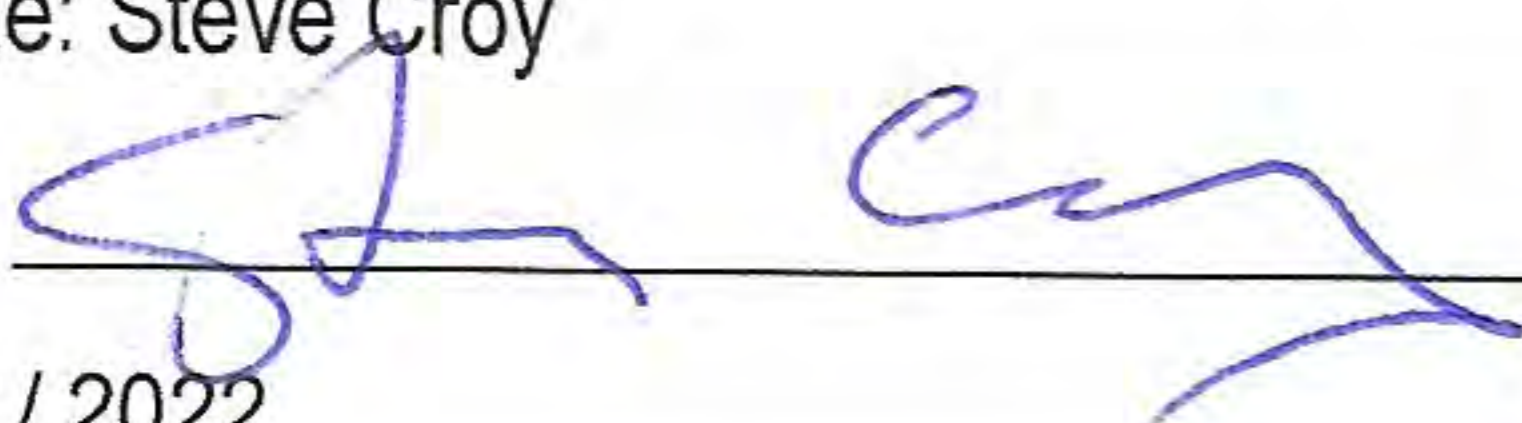
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name	Kellogg Springs Camp Christian Camp	PWS ID#	4 1 90490
Month/Year	_10/2022	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	0955	AA,AB,AC,AF	.8	
2	0916	AA,AB,AC,AF	.8	
3	0924	AA,AB,AC,AF	.8	
4	1021	AA,AB,AC,AF	.8	
5	1133	AA,AB,AC,AF	.8	
6	0938	AA,AB,AC,AF	.6	
7	0837	AA,AB,AC,AF	.6	
8	1006	AA,AB,AC,AF	.6	
9	1131	AA,AB,AC,AF	.6	
10	0931	AA,AB,AC,AF	.6	
11	0958	AA,AB,AC,AF	.6	
12	0925	AA,AB,AC,AF	.6	
13	1021	AA,AB,AC,AF	.6	
14	0831	AA,AB,AC,AF	.6	
15	0623	AA,AB,AC,AF	.6	
16	0844	AA,AB,AC,AF	.6	
17	1516	AA,AB,AC,AF	.6	
18	1125	AA,AB,AC,AF	.6	
19	1324	AA,AB,AC,AF	.5	
20	1205	AA,AB,AC,AF	.5	
21	1000	AA,AB,AC,AF	.5	
22	1346	AA,AB,AC,AF	.5	
23	1553	AA,AB,AC,AF	.5	
24	0939	AA,AB,AC,AF	.4	
25	1217	AA,AB,AC,AF	.4	
26	1104	AA,AB,AC,AF	.4	
27	1057	AA,AB,AC,AF	.4	
28	1112	AA,AB,AC,AF	.4	
29	0745	AA,AB,AC,AF	.4	
30	1217	AA,AB,AC,AF	.4	
31	1052	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><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><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: 11 / 2 / 2022	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
---	---	---