

**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 _11/2022

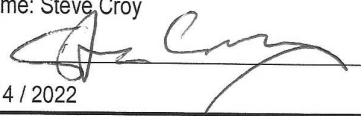
Entry Point: First User (Shop)

Required Minimum Residual  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1701	AA,AB,AC,AF	.4	
2	1107	AA,AB,AC,AF	.4	
3	1009	AA,AB,AC,AF	.4	
4	1049	AA,AB,AC,AF	.4	
5	1029	AA,AB,AC,AF	.4	
6	1041	AA,AB,AC,AF	.4	
7	0755	AA,AB,AC,AF	.4	
8	0846	AA,AB,AC,AF	.4	
9	0926	AA,AB,AC,AF	.4	
10	0916	AA,AB,AC,AF	.4	
11	1024	AA,AB,AC,AF	.4	
12	1049	AA,AB,AC,AF	.4	
13	1109	AA,AB,AC,AF	.4	
14	1041	AA,AB,AC,AF	.4	
15	0851	AA,AB,AC,AF	.4	
16	0902	AA,AB,AC,AF	.4	
17	0929	AA,AB,AC,AF	.4	
18	1338	AA,AB,AC,AF	.4	
19	1118	AA,AB,AC,AF	.4	
20	1158	AA,AB,AC,AF	.4	
21	0946	AA,AB,AC,AF	.4	
22	1037	AA,AB,AC,AF	.5	
23	1026	AA,AB,AC,AF	.5	
24	1030	AA,AB,AC,AF	.5	
25	1045	AA,AB,AC,AF	.5	
26	1632	AA,AB,AC,AF	.6	
27	1006	AA,AB,AC,AF	.6	
28	0833	AA,AB,AC,AF	.5	
29	1042	AA,AB,AC,AF	.5	
30	0902	AA,AB,AC,AF	.5	
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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 Croy Signature:  Date: 12 / 4 / 2022	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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