

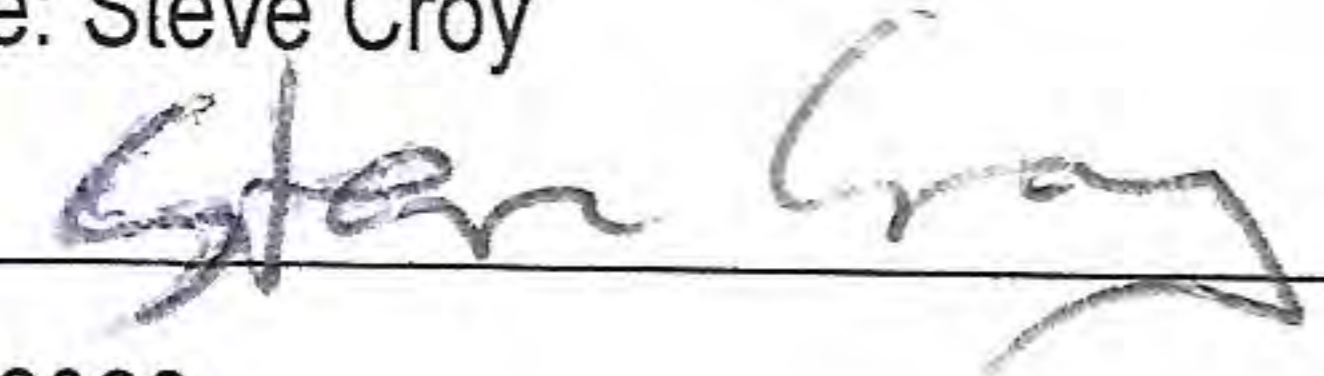
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name **Kellogg Springs Camp Christian Camp** PWS ID# **4 1 90490**  
 Month/Year **\_12/2022** 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	0831	AA,AB,AC,AF	.5	
2	1046	AA,AB,AC,AF	.5	
3	0928	AA,AB,AC,AF	.5	
4	1144	AA,AB,AC,AF	.5	
5	0910	AA,AB,AC,AF	.5	
6	0836	AA,AB,AC,AF	.5	
7	1009	AA,AB,AC,AF	.5	
8	1037	AA,AB,AC,AF	.5	
9	1024	AA,AB,AC,AF	.5	
10	1029	AA,AB,AC,AF	.5	
11	1204	AA,AB,AC,AF	.5	
12	1004	AA,AB,AC,AF	.5	
13	0925	AA,AB,AC,AF	.5	
14	1057	AA,AB,AC,AF	.5	
15	1016	AA,AB,AC,AF	.5	
16	1130	AA,AB,AC,AF	.5	
17	1230	AA,AB,AC,AF	.5	
18	0931	AA,AB,AC,AF	.4	
19	0716	AA,AB,AC,AF	.4	
20	0549	AA,AB,AC,AF	.4	
21	1052	AA,AB,AC,AF	.5	
22	0948	AA,AB,AC,AF	.5	
23	1140	AA,AB,AC,AF	.5	
24	0802	AA,AB,AC,AF	.5	
25	1057	AA,AB,AC,AF	.5	
26	1156	AA,AB,AC,AF	.5	
27	0849	AA,AB,AC,AF	.5	
28	1023	AA,AB,AC,AF	.5	
29	0904	AA,AB,AC,AF	.5	
30	0833	AA,AB,AC,AF	.5	
31	0821	AA,AB,AC,AF	.5	

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>
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Printed Name: <b>Steve Croy</b> Signature:  Date: <b>1 / 2 / 2023</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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