

**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 2/2023

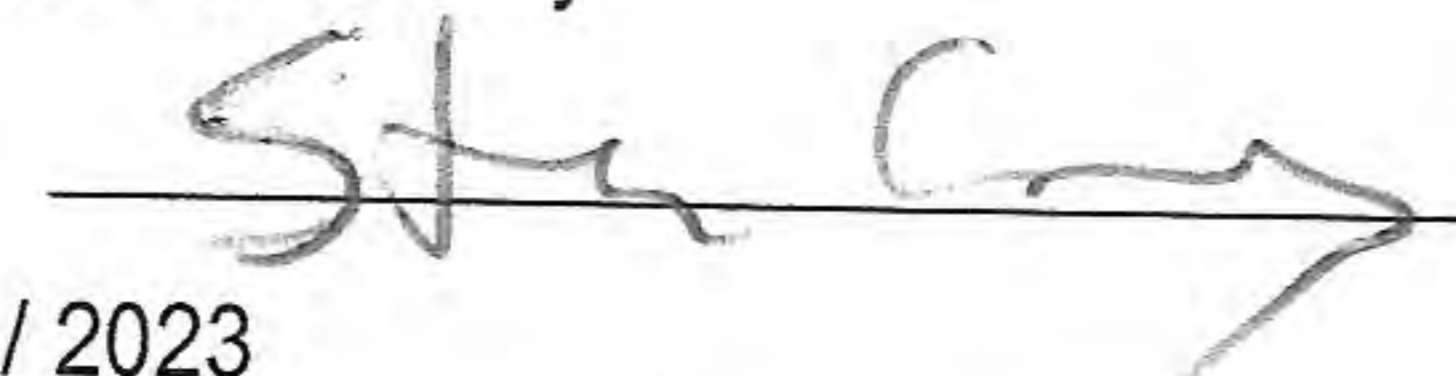
Entry Point: First User (Shop)

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	1109	AA,AB,AC,AF	.5	
2	1238	AA,AB,AC,AF	.5	
3	0908	AA,AB,AC,AF	.5	
4	1144	AA,AB,AC,AF	.5	
5	1111	AA,AB,AC,AF	.5	
6	0936	AA,AB,AC,AF	.5	
7	1257	AA,AB,AC,AF	.5	
8	1022	AA,AB,AC,AF	.5	
9	1212	AA,AB,AC,AF	.5	
10	0855	AA,AB,AC,AF	.5	
11	0947	AA,AB,AC,AF	.5	
12	0959	AA,AB,AC,AF	.5	
13	1014	AA,AB,AC,AF	.5	
14	1445	AA,AB,AC,AF	.5	
15	0959	AA,AB,AC,AF	.5	
16	0931	AA,AB,AC,AF	.5	
17	0956	AA,AB,AC,AF	.5	
18	0758	AA,AB,AC,AF	.5	
19	0944	AA,AB,AC,AF	.5	
20	0846	AA,AB,AC,AF	.5	
21	0809	AA,AB,AC,AF	.5	
22	1013	AA,AB,AC,AF	.5	
23	1056	AA,AB,AC,AF	.5	
24	0925	AA,AB,AC,AF	.5	
25	1028	AA,AB,AC,AF	.5	
26	1307	AA,AB,AC,AF	.5	
27	0758	AA,AB,AC,AF	.5	
28	0852	AA,AB,AC,AF	.5	
29				
30				
31				

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: 3 / 1 / 2023	Title: Facilities Director Phone #: (541) 459-1511ext462	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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