

**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 4/2023

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	0936	AA,AB,AC,AF	.4	
2	1009	AA,AB,AC,AF	.4	
3	0857	AA,AB,AC,AF	.5	
4	0824	AA,AB,AC,AF	.5	
5	1002	AA,AB,AC,AF	.7	
6	0907	AA,AB,AC,AF	.6	
7	0959	AA,AB,AC,AF	.6	
8	1148	AA,AB,AC,AF	.6	
9	1249	AA,AB,AC,AF	.7	
10	0945	AA,AB,AC,AF	.5	
11	1012	AA,AB,AC,AF	.5	
12	0849	AA,AB,AC,AF	.5	
13	0858	AA,AB,AC,AF	.5	
14	0825	AA,AB,AC,AF	.5	
15	0742	AA,AB,AC,AF	.6	
16	0740	AA,AB,AC,AF	.7	
17	0954	AA,AB,AC,AF	.6	
18	1018	AA,AB,AC,AF	.6	
19	0850	AA,AB,AC,AF	.6	
20	0932	AA,AB,AC,AF	.6	
21	0855	AA,AB,AC,AF	.6	
22	1003	AA,AB,AC,AF	.6	
23	1218	AA,AB,AC,AF	.6	
24	0904	AA,AB,AC,AF	.6	
25	0829	AA,AB,AC,AF	.5	
26	0839	AA,AB,AC,AF	.5	
27	0846	AA,AB,AC,AF	.5	
28	0744	AA,AB,AC,AF	.5	
29	0713	AA,AB,AC,AF	.5	
30	0919	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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

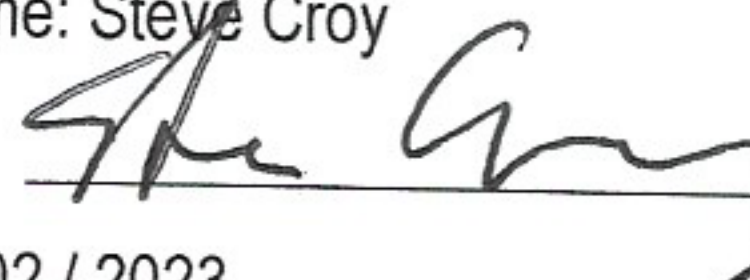
Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Steve Croy

Signature: 

Date: 05 / 02 / 2023

Title: Facilities Director

Phone #: (541) 459-1511ext462

Operator Certification #:

OR

Small Groundwater System