

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **6 / 21** Entry Point:

Required Minimum Residual **0.50 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7 AM	Host Site	1.11	
2	7 AM	1	1.19	
3	7 AM	1	1.32	
4	7 AM	Day use	1.98	
5	7 AM	Host Site	1.16	
6	8 AM	1	1.18	
7	7 AM	1	1.09	
8	7 AM	1	1.10	
9	7 AM	Site #2	1.78	
10	7 AM	1	1.94	
11	7 AM	Host Site	1.99	
12	7 AM	1	1.02	
13	7 AM	1	1.24	
14	7 AM	1	1.92	
15	8 AM	Day use	1.97	
16	7 AM	Host Site	1.89	
17	7 AM	1	1.93	
18	7 AM	1	1.78	
19	7 AM	Host Site	1.88	
20	7 AM	1	1.83	
21	7 AM	Site #2	1.79	
22	7 AM	1	1.73	
23	7 AM	Host Site	1.85	
24	7 AM	1	1.93	
25	7 AM	Day use	1.00	
26	7 AM	Host Site	1.76	
27	7 AM	1	1.72	
28	7 AM	1	1.70	
29	7 AM	Day use	1.68	
30	7 AM	Host Site	1.82	
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Was the chlorine residual ever less than the required minimum residual of 0.50 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 0.50 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: **Willis Sogin**

Title: **Rectr**

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: **(501) 247-5603**

OR

Date: **07/08/2021**

Small Groundwater System ☒