

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

System Name: Lobster Creek / Campground

PWS ID# 4195331

Month/Year 07/21 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	1.21	
2	7 AM	1	1.16	
3	7:00 AM	1	1.11	
4	8:30 AM	Day use	.94	
5	7 AM	Host Site	1.04	
6	7 AM	1	1.0	
7	7 AM	1	1.08	
8	8 AM	Host Site	.98	
9	7 AM	1	.92	
10	7 AM	Site #2	.87	
11	8 AM	Host Site	.80	
12	7:30 AM	1	.89	
13	7:30 AM	1	.28	
14	8 AM	1	.92	
15	8:30 AM	Day use	1.11	
16	7 AM	Host Site	.83	
17	7 AM	1	.92	
18	7:00 AM	1	.87	
19	8 AM	1	.92	
20	7 AM	Site #2	.70	
21	7 AM	Host Site	.87	
22	8 AM	1	.80	
23	7 AM	1	.93	
24	7 AM	Day use	.77	
25	7 AM	Host Site	1.02	
26	7:30 AM	1	.88	
27	7 AM	1	.94	
28	7:15 AM	1	.91	
29	7:30 AM	1	.98	
30	7 AM	1	.96	
31	7:30 AM	Day use	.90	

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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

**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 Soyars

Title: Rec Ted

Operator Certification #:

Signature: [Signature]

Phone #: (541) 247-3603

OR

Date: 8/4/21

Small Groundwater System ☒