

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **8 / 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	7:00	Host Site	.98	
2	7:00	1	.94	
3	7:00	1	1.07	
4	7:00	Day Use	.78	
5	8:00	Host Site	.94	
6	8:00	1	.92	
7	7:00	1	.90	
8	7:00	1	1.1	
9	8:00	Site # 2	.76	
10	7:00	Host Site	.92	
11	7:00	1	.88	
12	7:00	1	.86	
13	7:00	1	.88	
14	8:00	Day Use	.97	
15	7:00	Host Site	.76	
16	7:00	1	.82	
17	7:00	1	.99	
18	7:00	Day Use	.72	
19	7:00	Host Site	.99	
20	7:00	1	1.02	
21	7:00	1	.96	
22	7:00	1	.87	
23	7:00	1	.93	
24	7:00	Day Use	.74	
25	7:00	Host Site	.93	
26	8:00	Site # 2	.77	
27	7:00	Host Site	.82	
28	7:00	1	.88	
29	7:00	Site # 2	.95	
30	9:00	Host Site	1.00	
31	8:00	1	.99	

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: **Will Sayre**

Title: **Rec & EC**

Operator Certification #:

Signature: **[Signature]**

Phone #: **(541) 247-3603**

OR

Date: **9 / 5 / 2021**

541 541 373-7302

Small Groundwater System ☒