

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **2 / 22** 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	1.84	
2	7 ³⁰	1	1.97	
3	7 ^{am}	1	1.70	
4	7 ^{am}	1	2.00	
5	7 ^{am}	1	2.10	
6	7 ^{am}	Site #2	2.20	
7	7 ^{am}	Host Site	2.20	
8	7 ^{am}	1	2.10	
9	7 ^{am}	1	2.34	
10	8 ^{am}	Site #2	2.86	
11	7 ^{am}	Host Site	2.77	
12	7 ^{am}	1	2.85	
13	7 ^{am}	1	2.92	
14	7 ^{am}	1	2.95	
15	7 ^{am}	Site #2	2.84	
16	8 ^{am}	Day use	3.01	
17	7 ^{am}	1	2.78	
18	7 ^{am}	Host Site	2.92	
19	7 ^{am}	1	2.92	
20	7 ^{am}	1	2.78	
21	7 ^{am}	1	2.92	
22	7 ^{am}	Site #2	2.03	
23	8 ^{am}	Host Site	3.00	
24	7 ^{am}	1	3.10	
25	7 ^{am}	1	2.98	
26	8 ^{am}	1	3.30	
27	7 ^{am}	Site #2	3.20	
28	8 ^{am}	Day use	3.08	
29				
30				
31				

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 Sayne**

Title: **Rec Tel**

Operator Certification #:

Signature: **[Signature]**

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

OR

Date: **3/8/2022**

Small Groundwater System ☒