

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **3 / 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	8am	Host Site	2.90	
2	7am	1	3.0	
3	7am	1	2.7	
4	730	Site # 2	2.46	
5	8am	Host Site	3.1	
6	820am	Host Site	2.88	
7	7am	1	2.94	
8	730a	1	2.89	
9	7am	Day Use	2.24	
10	7am	Host Site	3.11	
11	730am	1	3.08	
12	7am	1	2.87	
13	730am	1	2.82	
14	730am	Site # 2	2.38	
15	7am	Host Site	3.09	
16	7am	1	2.97	
17	730am	1	2.82	
18	730am	1	2.95	
19	8am	Day Use Area	2.34	
20	7am	Host Site	3.0	
21	730am	1	2.92	
22	730am	1	2.88	
23	7am	Site # 2	2.41	
24	7am	Host Site	3.28	
25	730am	1	2.79	
26	7am	1	3.03	
27	730am	1	2.91	
28	7am	Day Use	2.38	
29	730am	Host Site	2.94	
30	7am	1	2.84	
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 Sager**

Signature: 

Date: **4/12/2022**

Title: **Rec & C**

Phone #: **(541) 247-3203**

Cell **541-373-7302**

Operator Certification #:

OR

Small Groundwater System ☒