

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

System Name Lobster Creek / Campground

PWS ID# 4195331

Month/Year 07 / 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~	Host Site	2.97	
2	730h	1	3.3	
3	7~	1	2.9	
4	8~	Day use	3.4	
5	7~	Host Site	2.88	
6	7~	1	2.81	
7	7~	1	2.92	
8	7~	1	3.0	
9	730	1	3.3	
10	730	Site #2	2.79	
11	7~	Host site	3.17	
12	7~	1	3.10	
13	7~	1	2.96	
14	830	Day use site	3.5	
15	7~	Host Site	2.89	
16	7~	1	2.93	
17	7~	1	3.2	
18	7~	1	2.90	
19	8~	Site #2	3.31	
20	7~	Host Site	3.60	
21	7~	1	3.51	
22	7AM	1	3.2	
23	730	1	3.14	
24	730h	Day use	3.0	
25	7~	Host Site	2.93	
26	7~	1	2.96	
27	7~	1	2.98	
28	8~	Site #2	3.3	
29	7~	Host Site	2.87	
30	7~	1	2.9	
31	7~	1	2.95	

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: Will Sore

Title: Rectax

Operator Certification #:

Signature: [Signature]

Phone #: ()

OR

Date: 08/01/2022

541-373-7302

Small Groundwater System ☒