

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

System Name Lobster Creek / Campground

PWS ID# 4195331

Month/Year 8 / 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	7M	Host Site	1.61	
2	7M		1.72	
3	7M		1.71	
4	7M		1.68	
5	8M	Site #2	1.88	
6	7M	Host Site	1.77	
7	7M		1.77	
8	7M		1.84	
9	8:30	Day use	1.86	
10	7M	Host Site	1.70	
11	7M		1.68	
12	7AM		1.73	
13	7AM		1.72	
14	7AM		1.80	
15	7:30	Day use	1.89	
16	7M		1.76	
17	7M		1.64	
18	7AM		1.70	
19	7M		1.73	
20	7:30	Site #2	1.90	
21	7M	Host Site	1.68	
22	7M	Day use	1.81	
23	8AM	Host Site	1.84	
24	7M		1.81	
25	7A-		1.74	
26	7M		1.69	
27	7:15		1.74	
28	7:30	Day use	1.68	
29	7:45	Host Site	1.11	
30	7M		1.42	
31			1.44	

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: W.D.S. Spr

Title: Rec Fac

Operator Certification #:

Signature: [Signature]

Phone #: (503) 242

OR

Date: 8/6/22

3603

Small Groundwater System ☒