

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **11 / 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	.84	
2	7 AM	1	.86	
3	7 AM	1	.80	
4	7 AM	Site # 2	.91	
5	7 AM	Host Site	.83	
6	7 AM	1	.84	
7	7 AM	1	.89	
8	7 AM	1	.87	
9	8 AM	Day use	.96	
10	7 AM	Host Site	.88	
11	7 AM	1	.92	
12	7 AM	1	.95	
13	7 AM	Site # 2	1.41	
14	7 AM	Host Site	1.29	
15	7 AM	1	1.33	
16	7 AM	1	1.34	
17	7:15 AM	Day use	1.46	
18	7 AM	Host Site	1.44	
19	7:30 AM	1	1.51	
20	7 AM	1	1.86	
21	7 AM	1	1.88	
22	8 AM	Site # 2	1.93	
23	7 AM	Host Site	1.99	
24	7 AM	1	1.97	
25	7 AM	1	1.94	
26	7 AM	Day use	2.11	
27	7 AM	Host Site	2.22	
28	7 AM	1	2.24	
29	7:30 AM	Day use	2.33	
30	7 AM	Host Site	2.17	
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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 Sage**

Title: **Recler**

Operator Certification #:

Signature: **[Signature]**

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

OR

Date: **12/12/2022**

Small Groundwater System ☒