

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **2 / 23** 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	1.22	
2	7 AM	1	1.26	
3	7 AM	1	1.25	
4	7 AM	Site #2	1.31	
5	7 AM	Host Site	1.19	
6	7 AM	1	1.22	
7	7 AM	1	1.27	
8	7 AM	1	1.24	
9	8 AM	Day use	1.32	
10	7 AM	Host Site	1.27	
11	7 AM	1	1.25	
12	7 AM	1	1.21	
13	7 AM	Host Site	1.27	
14	7 AM	Site #2	1.31	
15	7 AM	Host Site	1.40	
16	7:30	1	1.38	
17	7:30	1	1.41	
18	7:30 AM	Site #2	1.56	
19	7 AM	Host Site	1.44	
20	7 AM	1	1.42	
21	7 AM	1	1.45	
22	7:30 AM	Day use	1.53	
23	7 AM	Host Site	1.38	
24	7 AM	1	1.36	
25	7:30 AM	Site #2	1.47	
26	7 AM	Host Site	1.31	
27	7 AM	1	1.28	
28	7:30 AM	1	1.10	
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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to 0.50 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p> <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: **William Sage**

Title: **Rec &c**

Operator Certification #:

Signature: 

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

OR

Date: **3 / 1 / 23**

Small Groundwater System ☒