

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **9 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    | 7M   | Host Site        | .54  |       |
| 2    | 7M   | /                | .61  |       |
| 3    | 7M   | /                | .59  |       |
| 4    | 720  | Day use          | .74  |       |
| 5    | 7M   | Host Site        | .71  |       |
| 6    | 7M   | /                | .74  |       |
| 7    | 7M   | /                | .70  |       |
| 8    | 7M   | Site #2          | .81  |       |
| 9    | 7M   | Host Site        | .77  |       |
| 10   | 7M   | /                | .74  |       |
| 11   | 7M   | /                | .78  |       |
| 12   | 7AM  | Day use          | .82  |       |
| 13   | 7M   | Host Site        | .80  |       |
| 14   | 7M   | /                | .82  |       |
| 15   | 7M   | /                | .86  |       |
| 16   | 8AM  | /                | .88  |       |
| 17   | 7M   | /                | .89  |       |
| 18   | 7M   | Day use          | .91  |       |
| 19   | 7M   | Host Site        | .96  |       |
| 20   | 7M   | /                | .98  |       |
| 21   | 7M   | Host Site        | .99  |       |
| 22   | 7M   | /                | 1.10   |       |
| 23   | 7M   | Site #2          | 1.13   |       |
| 24   | 7M   | Host Site        | 1.17   |       |
| 25   | 7M   | /                | 1.21   |       |
| 26   | 7M   | /                | 1.24   |       |
| 27   | 7M   | Day use          | 1.28   |       |
| 28   | 7M   | Host Site        | 1.30   |       |
| 29   | 8AM  | /                | 1.31   |       |
| 30   | 7M   | /                | 1.33   |       |
| 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 Suck**

Title: **Res. Tech**

Operator Certification #:

Signature: 

Phone #: **541 1247-3603**

OR

Date: **10 / 2 / 23**

Small Groundwater System ☒