

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **11 / 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	7A	HOST Site	1.30	
2	7m	1	1.36	
3	7AM	1	1.37	
4	730A	1	1.40	
5	8m	Site #2	1.30	
6	7m	HOST Site	1.35	
7	7m	1	1.38	
8	7m	1	1.33	
9	7m	1	1.33	
10	7m	Day use	1.27	
11	7m	HOST Site	1.41	
12	7m	1	1.37	
13	7m	1	1.44	
14	7m	1	1.39	
15	7AM	Site #2	1.28	
16	7AM	HOST Site	1.34	
17	7m	1	1.37	
18	7m	Day use	1.21	
19	7m	HOST Site	1.33	
20	7m	1	1.22	
21	7m	1	1.34	
22	7m	1	1.28	
23	7m	Day use	1.22	
24	8m	HOST Site	1.31	
25	2m	1	1.33	
26	7m	1	1.29	
27	7m	Site #2	1.23	
28	7m	HOST Site	1.27	
29	7m	1	1.11	
30	7AM	1	1.13	
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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: **Will Sage**

Title: **ROTOR**

Operator Certification #:

Signature: 

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

OR

Date: **12/5/2023**

Small Groundwater System ☒