

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year / **1202** 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	1.80	
2	7 AM	"	1.98	
3	7 AM	"	1.92	
4	7 AM	"	1.88	
5	8 AM	"	1.83	
6	11 AM	Day use	1.16	
7	7:30 AM	Host Site	1.87	
8	8 AM	"	1.86	
9	8 AM	Site #2	1.77	
10	7 AM	Host Site	1.81	
11	7 AM	"	1.89	
12	7:30 AM	"	1.92	
13	9 AM	Site #2	1.70	
14	6:45 AM	Host Site	1.68	
15	7 AM	"	1.65	
16	7 AM	"	1.71	
17	7:45 AM	"	1.62	
18	8:15 AM	Day use	1.64	
19	8:30 AM	Host Site	1.57	
20	8 AM	"	1.60	
21	7 AM	"	1.53	
22	7:30 AM	"	1.57	
23	10 AM	Site #2	1.52	
24	7:30 AM	Host Site	1.48	
25	7 AM	"	1.44	
26	7:15 AM	"	1.38	
27	9:30 AM	Day use	1.31	
28	7:51 AM	Host Site	1.38	
29		"	1.32	
30		"	1.35	
31		"	1.27	

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? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<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: Willis S. Suge Title: Rec + ec Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 247-3603 OR
 Date: 2 5 12 Small Groundwater System