

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **02 / 2021** 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	11:30	Host site	1.32	
2	3:15	↓	1.40	
3	2:30	↓	1.19	
4	4:00	↓	1.07	
5	12:30	↓	1.01	
6	3:00	Site #2	.90	
7	1:30	↓	.94	
8	11:30	Host Site	1.19	
9	2:00	↓	1.07	
10	3:00	↓	.87	
11	12:30	↓	1.01	
12	1:00	↓	1.17	
13	2:30	↓	1.06	
14	4:00	Day Use	.95	
15	1:30	↓	1.06	
16	3:00	Host Site	1.18	
17	4:30	Host Site	1.29	
18	9am	/	1.41	
19	9:30am	/	1.36	
20	7am	Site #2	1.30	
21	7:45am	Host Site	1.36	
22	7am	/	1.44	
23	7:30am	/	1.30	
24	8am	Day Use	1.60	
25	7am	Host Site	1.26	
26	7am	/	1.34	
27	1:00	/	1.02	
28	3:30	Day Use	.85	
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? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></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: <b>Will's Sage</b>	Title: <b>Per Tex</b>	Operator Certification #:  OR Small Groundwater System <input checked="" type="checkbox"/>
Signature: <i>[Signature]</i>	Phone #: <b>541 2479603</b>	
Date: <b>03/01/2021</b>		