

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **3 / 21** 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	1.30	
2	10 ^{am}	1	1.44	
3	7:30 ^{am}	1	1.40	
4	7:30 ^{am}	1	1.37	
5	10 ^{am}	Day use	1.61	
6	7 ^{am}	Host Site	1.32	
7	7:45 ^{am}	1	1.30	
8	7 ^{am}	1	1.33	
9	9 ^{am}	Site # 2	1.47	
10	7 ^{am}	Host Site	1.28	
11	7 ^{am}	Host Site	1.36	
12	9 ^{am}	1	1.40	
13	7 ^{am}	1	1.37	
14	7:30 ^{am}	1	1.38	
15	9 ^{am}	Day use	1.58	
16	7:30	1	1.63	
17	7 ^{am}	Host Site	1.30	
18	8 ^{am}	1	1.34	
19	7:30	1	1.33	
20	7 ^{am}	1	1.41	
21	8:45 ^{am}	Site # 2	1.53	
22	7 ^{am}	Host Site	1.38	
23	7:30	1	1.21	
24	7 ^{am}	1	1.28	
25	7:30	1	1.33	
26	7 ^{am}	Host Site	1.40	
27	7 ^{am}	Day use	1.60	
28	10 ^{am}	Site # 2	1.44	
29	7 ^{am}	Host Site	1.33	
30	8:30 ^{am}	1	1.30	
31	11:30	1	1.04	

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 align="center">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>

Printed Name: Willis S. Sayer Title: Rec. Tel Operator Certification #: _____
 Signature: _____ Phone #: 541 248 3603 OR
 Date: 04/01/2021 Small Groundwater System