

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **04/21** 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	10:45h	Host Site	1.36	
2	7:45h	1	1.44	
3	7AM	1	1.34	
4	8:30/AM	1	1.53	
5	11AM	Day use Area	1.77	
6	10:30/AM	1	1.80	
7	7AM	Host Site	1.41	
8	7AM	1	1.38	
9	8:30/AM	1	1.46	
10	7AM	Site #2	1.57	
11	7:30h	Host Site	1.43	
12	7h	1	1.33	
13	7:30h	1	1.40	
14	7AM	1	1.43	
15	10:30	Day use	1.46	
16	7AM	Host Site	1.32	
17	7AM	1	1.47	
18	7:30h	1	1.42	
19	7:30h	Site #2	1.47	
20	7AM	Host Site	1.38	
21	7:30h	1	1.34	
22	7h	1	1.30	
23	9AM	1	1.21	
24	7AM	1	1.08	
25	4AM	Day use	1.01	
26	8:30	Host Site	1.02	
27	9AM	1	.98	
28	7:30h	1	.92	
29	7:30h	1	.84	
30	7AM	1	.73	
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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? \_\_\_\_\_ 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><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>	

Printed Name: <u>Willis Sayer</u>	Title: <u>Rec tech</u>	Operator Certification #:
Signature: <u>[Signature]</u>	Phone #: <u>(541) 247-3603</u>	OR
Date: <u>05/05/2021</u>		Small Groundwater System <input checked="" type="checkbox"/>