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

Month/Year 3	Syster	n Name	Lobster Creek / Cam	pground	PWS ID# 4195331			
Date Time Source(s) in use distribution system (mg/L) 1	Month	/Year 3	123 Entry Po	oint:	Required Minimum Residual 0.50 mg/L			
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