

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

System Name **Lobster Creek / Campground**

PWS ID# **4195331**

Month/Year **1 124** Entry Point: **HOST SITE, DAY USE, SITE #2** 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	7h	HOST SITE	.97	
2	7h	1	.81	
3	7h	1	.73	
4	730h	1	.64	
5	8h	SITE #2	.68	
6	7AM	HOST SITE	.67	
7	700h	1	.71	
8	7h	1	.70	
9	7h	1	.65	
10	7h	1	.68	
11	8h	1	.73	
12	7h	Day use	.62	
13	7AM	HOST SITE	.74	
14	830h	1	.77	
15	7h	1	.75	
16	7h	1	.74	
17	7h	1	.72	
18	8h	Day use	.66	
19	7h	HOST SITE	.78	
20	7h	1	.77	
21	830h	1	.75	
22	7h	1	.77	
23	7h	1	.74	
24	7h	SITE #2	.71	
25	8h	HOST SITE	.73	
26	7h	1	.74	
27	7AM	1	.75	
28	8h	SITE #2	.69	
29	7h	HOST SITE	.73	
30	7h	1	.71	
31	8h	1	.68	

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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to 0.50 mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /  
Date it was returned to service:

/ /

Printed Name: **STEPHEN Di CICCIO**

Title: **RECREATION TECH**

Operator Certification #:

Signature: S. Di Ciccio

Phone #: **(541) 373-1006**

OR

Date: **02/29/2024**

Small Groundwater System ☒