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

System Name	Lobster Creek / Campground		PWS ID# 4 1 9 5 3 3 1
Month/Year 4 / 24	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	MM	Host Site	1.09	
2	7u	/	1.04	
3	7u	/	1.10	
4	7u	/	1.14	
5	7u	Site #2	1.28	
6	8u	Host Site	1.34	
7	7a	/	1.37	
8	7u	/	1.35	
9	7u	/	1.39	
10	7u	Day use	1.28	
11	7u	Host Site	1.41	
12	7u	/	1.41	
13	7u	/	1.47	
14	730	Site #2	1.34	
15	7A	Host Site	1.49	
16	7u	/	1.47	
17	7u	/	1.51	
18	8u	Day use	1.33	
19	7u	Host Site	1.58	
20	7u	/	1.54	
21	7u	/	1.41	
22	7u	/	1.48	
23	7u	Site #2	1.41	
24	730	Host Site	1.83	
25	7u	/	1.76	
26	730	/	1.79	
27	7u	/	1.83	
28	7u	/	1.88	
29	8u	Day use	1.41	
30	7u	Host Site	1.91	
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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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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.	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 DICICCO   Title: REC TECH

Signature: S. DiCicco   Phone #: (541) 373 1006

Date: 5 / 4 / 2024

Operator Certification #:

OR

Small Groundwater System ☒

December 19, 2012