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

System Name Lobster Creek / Campground					PWSID# 4195331		
Month/	Year &	124 Entry Po	oint:	Rec	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 Km HOST SI		1.40	1.14				
2	gar.	7,000		1.19			
3	1~~	1		1.23	A CONTRACTOR		
4	730)		1.31			
5	530	Tors 452		1. 97			
6	7-	HOST Site		1.44			
7	7~			1.57		STATE OF STATE OF	
8	105h	SHe#2		1.68			
9	2~	2708+5140		1.88			
10	7 2	1		1. 87			
11	7~			2.04	of the same of	MARKET FOR THE LAND	
12	7-	12054 51ta		2:18			
13	94			2,24	A DECEMBER		
14	7	1		2.16			
15	gan			2:73			
16	112	SIKKA		1.87			
17	- 70.	HIS: 51+e		J, 25			
18	73/m			2119			
20	730pm	1		2 16			
				2.16			
22	7~	Day use Arca		2:29			
23	7-	40013172		0 28	A P. L. S. L. S.	THE RESERVE OF THE PERSON OF T	
24	The	1		231			
25	790	1		7 17		RESIDENCE OF THE PARTY OF THE P	
26	SIAL	Don use		01,76			
27	2	MOSX SILE		2.11			
28	Legal.			2-18			
29	JAM		enine. I	1.92			
30	gm	Sive # 8	λ	1.88			
31	700	HOST SI'te 1.91					
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			Did continuous monitoring equipment fail at any time this reporting month? Yes No		ny time this	Date continuous monitoring equipment failed:	
required? Yes No			If yes, were grab samples collected every fou		ir hours until the	1 1	
Attach those results and submit them with this form.			continuous monitoring equipment was returned required? Yes \(\sum \text{No}\)			Date it was returned to service:	
			Attach grab sample results and submit them		with this form.	T 1	
Printed N	lame: 5th	EPHEN DICTO	CO Title: RECTECH		Operator Certification #:		
Signature	e: _S-	I Cur	Phone #: (541)373-1006		OR		
Date: 9	7 13 1	2024			Small Gr	roundwater System 🖂	
Office distributed by the contract of the cont							