

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 **9 / 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	7m	Host Site	1.71	
2	7m	1	1.86	
3	8m	1	1.82	
4	7m	1	1.79	
5	8m	Site #2	1.81	
6	7m	Host Site	1.74	
7	7m	1	1.86	
8	7:30h	2	1.83	
9	7m	Day use Area	1.44	
10	7m	Host Site	1.88	
11	7:30	1	1.92	
12	7:30	1	1.84	
13	7m	1	1.88	
14	7m	Day use Area	1.60	
15	7m	Host Site	1.88	
16	7m	1	1.88	
17	7m	1	1.92	
18	7m	1	1.89	
19	7:30	Site #2	1.78	
20	7m	Host Site	1.93	
21	7m	1	1.99	
22	7:30	1	1.92	
23	7:30h	Day use Area	1.74	
24	7am	Host Site	1.87	
25	7m	1	1.81	
26	7m	1	1.77	
27	7m	1	1.84	
28	7m	1	1.86	
29	7m	1	1.71	
30	7m	1	1.77	
31				

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>
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Printed Name: STEPHEN DI CICCIO	Title: RSC TECH	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
Signature: <i>[Signature]</i>	Phone #: (541) 373 1006	
Date: 10 12 12024		