

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

System Name Lobster Creek / Campground

PWS ID# 4195331

Month/Year 1 / 25 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	7 AM	HOST SITE	1.59	
2	7 AM	"	1.51	
3	7 AM	"	1.61	
4	7 AM	Day 4 Site	1.21	
5	7 AM	HOST SITE	1.54	
6	7 AM	"	1.47	
7	7 AM	"	1.49	
8	7 AM	"	1.53	
9	7 AM	SITE #2	1.19	
10	7 AM	HOST SITE	1.57	
11	7 AM	"	1.21	
12	7 AM	"	1.73	
13	7 AM	"	1.68	
14	7 AM	HOST SITE	1.53	
15	7 AM	"	1.08	
16	10:00	HOST SITE	1.92	
17	1:00	"	1.07	
18	3:00	"	1.96	
19	7:00	"	1.20	
20	11:00	SITE 2	1.10	
21	4:00	SITE 2	1.26	
22	2:00	"	1.31	
23	10:00	"	1.46	
24	1:00	HOST SITE	1.23	
25	NOON	"	1.12	
26	3:00	"	1.18	
27	2:00	HOST SITE	1.34	
28	1:00	SITE 2	1.21	
29	10:00	HOST SITE	1.08	
30	4:00	SITE 2	1.12	
31	12:00	SITE 2	1.24	

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

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 DILICCO

Title: REG TECH

Operator Certification #:

Signature: [Signature]

Phone #: (541) 373-1006

OR

Date: 2 / 15 / 2025

Small Groundwater System ☒