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

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System Name USFS Lobster Creek Ca			Campground	PWS ID# 4195331			
Month/Year <u>5 / 25</u> Entry Po			pint:	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	m	HOST 2146		76			
2	72	1		179			
3	Th	~ (		182			
4	2	Dery US		1.74	_		
5	an	HOST Dite		2.01			
6	PA			1.9/			
7	-30%			1.50			
9	730L	Site #2		1.89			
10	Jun	Wast Site		1,13			
11	Th	Nump Site		1.79	-		
12	730	1		1,63			
13	Sm	/		1,71	-		
14 "	Th	1		1.68			
15	gn	Day USe Area		1.19			
16	Th	Hast Site		1.58			
17	930			1.51			
18	gn	1		1.55			
19	In	2		1,53			
20	gAM	1		1,47			
21	2m	the opening		1.42			
22 (	gm	Site # 2		411			
23	22-	HOST Site		1:59			
24	An	1		1.36			
25	2m	L		(,2)			
26 27	AN	Duna		124			
28	ha	-ay use		198			
29	72	HOFSHE					
30	MAP	(1		92			
31	gAM	(		1,12			
Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L? Yes K 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			Did continuous monitoring equipment fail at any time this			Date continuous monitoring	
until the residual returned to 0.50 mg/L as			reporting month?			equipment failed:	
required? Yes No			If yes, were ara	If yes, were grab samples collected every four hours until t		1 1	
Attach those results and submit them with				continuous monitoring equipment was returned to service as		Date it was returned to service:	
			Attach grab sample results and submit them with this for		with this form.	1 1	
Printed I	Printed Name: STEPHEN DI CTCCO			Title: RFC TRCH		Operator Certification #:	
Signatur	re: <u></u>	V Cen	Phone #: (5 7/1) 373-1006		OR		
Date: 6 1 9 1 2 0 2 5 Small Groundwater System						roundwater System	

Return by 10<sup>th</sup> of following month by either email <u>dwp.dmce@odhsoha.oregon.gov</u>; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.