_		Monthl	y Disinfection I	Report for Ground Water	er Systems		
	lonth/Year	USFS Lobster Cr	eek Campground / Point:	PWS ID# 4195331  Required Minimum Residual 0.50 mg/L			
	Date Time		(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
	2 on	Ho	× 5/40	438			
3		(		1.42	R. C.		
	4 2			1,40			
	5 graph State		* 2	1.34			
6	6 2			186			
7	7 2		tosk side	1, 37			
8	8 7~			1.46			
9	In	2		1.34			
10	20	1	Marie Carlo	1,36	1000	RIVER OF THE PARTY	
11	Jon	E		1,31			
12	gn	- Day U	se	,97			
	13 W HOSL S		site-	1.44			
	14 74			452			
	15 70			1, 49	S. Carlotte		
16	1-	1		1. 45			
17	In			1.41			
18	130	Some #	2	192			
19	7300	Hast	Site_	1.40,			
20	730	1	37/13	1,34			
21	Im	1		1.31		AND THE STATE OF THE	
22	m	1		1, 33.			
23	Jun 1			7,26			
24	gn	day US	se Avea	181			
25	70	HOST	STAR	423			
26	7300			1.20		THE R. P. LEWIS CO., LANSING, MICH.	
27	m	site #	2	180			
28	w	HOSH	Site	1.31			
29	yn			1.22			
30	m	1		1 1 1 7			
31	2	1		1 19			
Was the	chlorine residu	al ever less than the	required minimum	recidual of 0 F0 mall 2	Vac Mu		
Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L?   If yes, what was the longest time period until the required level was restored?  notified by end of next business day.							
GWS Soming 2 200 or Francisco							
	d you monitor ev		D.1	GWS Serving More Than 3,		1	
until the required?	residual returne	d to 0.50 mg/L as	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No		Date continuous monitoring equipment failed:		
	ose results and	submit them with	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?   Yes No		d to service as	/ / Date it was returned to service:	
		*	Attach grab samp	ttach grab sample results and submit them with this form.		1 1	
	me: STEPH	DICTALL			or Certification #:		
Signature:	5,1	Mm	Phone	#: (311) 373-1006		OR	
Date: '9							

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