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

Systen	n Name	USFS Lobster Creek	Campground	PWS ID# 4195331			
Month	Year 💁		int:	Required Minimum Residual 0.50 mg/L			
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	1	HODE SVAR		1,87			
2	1	1		h93			
3				1.68			
4	7			1,73			
5	m	Day 45-		7,11			
6	In	A OCO SHE		1,9/			
7	w			1084			
9	11-	1		7 16			
/8//	7.	(01, 43		1,81	1		
10	n	Site & 2		6.12			
12	5	Host Site		100			
13	32	, /		1.4			
14	San			1.64	-		
15	SIL.	Dayuse		1130		<u> </u>	
16	280			1,31	-		
17	SAL	HOST Slite		14/7			
18	78	/		1.41			
19	130	ι,		1,44	-		
20	730	1 17		1.51			
21	750			140	-	Property of	
22	550	Site # 2		1,2	_		
23	Th	HOST E. He		1, 13			
24	700			1,58			
25	230	1		1,11			
26	2-			1, 10			
27	For	Day use	Anen	98			
28	Tr.	4094514	10	1.22			
29	72	. 7		1.08			
30	m			196			
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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
						Date continuous monitoring	
until the residual returned to 0.50 mg/L as reporting month? Yes No equipment failed							
require	d? 🔲	Yes No	If ves were are	th samples collected every fou	r hours until the	1 1	
Attach those results and submit them with If yes, were grab samples collected every four hours until the // Date it was returned to service as Date it was r						Date it was returned to	
			required?				
Attach grab sample results and submit them with this form.							
Printed Name: STEPHEN DI CT CCO Title: REC TECH Operator Certification #:							
Signature: Phone #: (541) 3.73-100C OR							
Date: 1 15 12025							
Date:/ (Date: / 1 1 5 1 2025 Small Groundwater System						