

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

System Name USFS Lobster Creek Campground			PWS ID# 4195331
Month/Year	10/25	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)
1	7	HOS # SITE	1.89
2	7		1.89
3	7		1.11
4	7	Day use	1.77
5	7	HOS # SITE	1.77
6	7		1.93
7	7		1.89
8	7		1.92
9	7		1.99
10	7	Site # 2	1.66
11	7	HOS # SITE	1.91
12	7		1.04
13	7	Day use	1.83
14	7		1.71
15	7	HOS # SITE	1.83
16	7		1.96
17	7		1.88
18	7:30		1.11
19	7	Day use Area	1.66
20	7	HOS # SITE	1.18
21	7		1.02
22	7		1.17
23	7		1.24
24	7	Site # 2	1.74
25	7:30	HOS # SITE	1.34
26	7	HOS # SITE	1.29
27	7		1.20
28	7		1.16
29	7:30	Day use	1.82
30	7	HOS # SITE	1.11
31	7:30		1.96

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Printed Name: STEPHEN DICICCO Signature:  Date: 11/14/2025		Title: REC TECH Phone #: () Operator Certification #: OR Small Groundwater System <input type="checkbox"/>

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