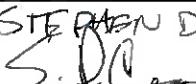


**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name USFS Lobster Creek Campground			PWS ID# 4195331	
Month/Year	11/12/25	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	7:00 AM	Hose Site	1.57	
2	7:20 AM	1	1.30	
3	7:30 AM	1	0.99	
4	7:45 AM	1	1.17	
5	7:55 AM	Site # 2	0.97	
6	8:00 AM	Hose Site	1.88	
7	8:00 AM	1	1.62	
8	8:00 AM	1	1.74	
9	8:00 AM	1	1.68	
10	8:00 AM	Day use Area	1.59	
11	8:00 AM	Hose Site	1.58	
12	8:00 AM	1	1.54	
13	8:00 AM	1	1.68	
14	8:00 AM	1	1.79	
15	8:00 AM	Site # 2	1.93	
16	8:00 AM	1405+ Site	1.29	
17	8:30 AM	1	1.76	
18	8:30 AM	1	1.72	
19	8:45 AM	1	1.76	
20	8:45 AM	Day use	1.82	
21	8:45 AM	Hose Site	1.99	
22	8:45 AM	1	1.10	
23	8:45 AM	1	1.16	
24	8:45 AM	1	1.24	
25	10:17 AM	Site # 2	1.12	
26	11:00 AM	Hose Site	1.36	
27	11:00 AM	1	1.31	
28	11:00 AM	1	1.42	
29	11:00 AM	1	1.46	
30	11:00 AM	1	1.97	
31				
<p>Was the chlorine residual ever less than the required minimum residual of 0.50 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p>				
GWS Serving 3,300 or Fewer <p>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</p> <p>Attach those results and submit them with this form.</p>		GWS Serving More Than 3,300 <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>		
Printed Name: STEPHEN DELICCO Signature:  Date: 12/19/2025		Title: REC TECH Phone #: 541-1373-1006	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>	
<i>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.</i>				