

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

System Name **USFS Lobster Creek Campground**

PWS ID# **4195331**

Month/Year **11/1/25** 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	Host site	1.57	
2	7:00 AM	1	1.36	
3	7:30 AM	1	.99	
4	7:45 AM	1	1.17	
5	7:00 AM	Site # 2	.97	
6	7:00 AM	Host site	1.88	
7	7:00 AM	1	1.62	
8	7:00 AM	1	1.74	
9	7:00 AM	1	1.68	
10	7:00 AM	Day use Area	.59	
11	7:00 AM	Host site	.58	
12	7:00 AM	1	.54	
13	7:00 AM	1	.68	
14	7:00 AM	1	.79	
15	7:00 AM	Site # 2	.93	
16	7:00 AM	Host site	1.29	
17	7:30 AM	1	1.76	
18	7:30 AM	1	1.72	
19	7:00 AM	1	.76	
20	7:00 AM	Day use	1.82	
21	7:00 AM	Host site	1.99	
22	7:00 AM	1	1.10	
23	7:00 AM	1	1.16	
24	7:00 AM	1	1.24	
25	7:00 AM	Site # 2	1.12	
26	7:00 AM	Host site	1.36	
27	7:00 AM	1	1.31	
28	7:00 AM	1	1.42	
29	7:00 AM	1	1.46	
30	7:00 AM	1	.97	
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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? ☐ Yes ☐ 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? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ 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 DUCICCO**

Title: **REC TECH**

Signature: 

Phone #: **541 1373-1006**

Date: **12/19/2025**

Operator Certification #:

OR

Small Groundwater System ☐

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