

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

System Name **USFS Lobster Creek Campground**

PWS ID# **4195331**

Month/Year **3 2016** 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 | Host site | .61 | |
| 2 | 7:00 | 1 | .56 | |
| 3 | 7:00 | 1 | .55 | |
| 4 | 7:00 | 1 | .61 | |
| 5 | 7:00 | 1 | .59 | |
| 6 | 7:00 | Side #2 | .68 | |
| 7 | 7:00 | Host site | .71 | |
| 8 | 7:00 | 1 | .68 | |
| 9 | 7:00 | 1 | .74 | |
| 10 | 7:00 | 1 | .78 | |
| 11 | 7:00 | 1 | .71 | |
| 12 | 7:00 | Day use Area | .55 | |
| 13 | 7:00 | Host site | .76 | |
| 14 | 7:00 | 1 | .74 | |
| 15 | 7:00 | 1 | .69 | |
| 16 | 7:00 | 1 | .73 | |
| 17 | 7:00 | 1 | .66 | |
| 18 | 7:00 | 1 | .71 | |
| 19 | 7:00 | Side #2 | .59 | |
| 20 | 7:00 | Host site | .68 | |
| 21 | 7AM | 1 | .80 | |
| 22 | 7:00 | 1 | .78 | |
| 23 | 7:00 | 1 | .81 | |
| 24 | 7:00 | 1 | .77 | |
| 25 | 7:00 | 1 | .74 | |
| 26 | 7:00 | Day use Area | .55 | |
| 27 | 7AM | Host site | .77 | |
| 28 | 7:00 | 1 | .72 | |
| 29 | 7:00 | 1 | .68 | |
| 30 | 7:00 | 1 | .65 | |
| 31 | 7:00 | 1 | .60 | |

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.

| | | |
|---|--|---|
| <p>GWS Serving 3,300 or Fewer</p> <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> | <p>GWS Serving More Than 3,300</p> <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> | <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> |
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Printed Name: STEPHEN DICICCO Title: RFC TECH Operator Certification #: _____
 Signature: [Signature] Phone #: (511) 373-1006 OR
 Date: 4 10 2016 Small Groundwater System