

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

System Name	TU-TU-TUN LODGE / FOUR SEASONS RESORT	PWS ID#	4 1 91199
Month/Year	MAY 2024	Entry Point:	EP-A
			Required Minimum Residual 1.50 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12PM	SRC AB-WELL L122738	2.09	
2	1PM	SRC AB-WELL L122738	2.03	
3	1PM	SRC AB-WELL L122738	2.14	
4	12PM	SRC AB-WELL L122738	2.09	
5	11AM	SRC AB-WELL L122738	1.95	
6	11AM	SRC AB-WELL L122738	2.01	
7	12PM	SRC AB-WELL L122738	1.92	
8	9AM	SRC AB-WELL L122738	1.87	
9	1PM	SRC AB-WELL L122738	1.95	
10	11AM	SRC AB-WELL L122738	1.78	
11	3PM	SRC AB-WELL L122738	1.71	
12	1PM	SRC AB-WELL L122738	1.87	
13	11AM	SRC AB-WELL L122738	1.68	
14	1PM	SRC AB-WELL L122738	1.59	
15	3PM	SRC AB-WELL L122738	1.96	
16	11AM	SRC AB-WELL L122738	2.10	
17	10AM	SRC AB-WELL L122738	2.02	
18	12PM	SRC AB-WELL L122738	1.93	
19	1PM	SRC AB-WELL L122738	1.91	
20	12PM	SRC AB-WELL L122738	1.73	
21	11AM	SRC AB-WELL L122738	1.60	
22	1PM	SRC AB-WELL L122738	1.67	
23	12PM	SRC AB-WELL L122738	1.81	
24	12PM	SRC AB-WELL L122738	1.87	
25	12PM	SRC AB-WELL L122738	1.85	
26	10AM	SRC AB-WELL L122738	2.09	
27	11AM	SRC AB-WELL L122738	2.15	
28	12PM	SRC AB-WELL L122738	2.01	
29	12PM	SRC AB-WELL L122738	1.85	
30	12PM	SRC AB-WELL L122738	1.91	
31	11AM	SRC AB-WELL L122738	1.87	

Was the chlorine residual ever less than the required minimum residual of mg/L? 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 If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No <i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No <i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
---	--	---

Printed Name: MARCUS D HARSHMAN	Title: MAINTENANCE MANAGER	Operator Certification #:
Signature:	Phone #: (541) 698-8318	OR

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

Date: 06/01/2024

Small Groundwater System

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 14450, Portland, OR 97293-0450.

March 25, 2024