

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	JUNE 2024	Entry Point:	EP-A
		Required Minimum Residual	<b>1.50 mg/L</b>

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11AM	SRC AB-WELL L122738	1.75	
2	11AM	SRC AB-WELL L122738	1.80	
3	10AM	SRC AB-WELL L122738	1.67	
4	11AM	SRC AB-WELL L122738	1.59	
5	12PM	SRC AB-WELL L122738	1.71	
6	11AM	SRC AB-WELL L122738	1.79	
7	12PM	SRC AB-WELL L122738	2.12	
8	12PM	SRC AB-WELL L122738	2.09	
9	11AM	SRC AB-WELL L122738	1.86	
10	12PM	SRC AB-WELL L122738	2.11	
11	11AM	SRC AB-WELL L122738	1.92	
12	11AM	SRC AB-WELL L122738	1.67	
13	10AM	SRC AB-WELL L122738	1.55	
14	11AM	SRC AB-WELL L122738	1.90	
15	11AM	SRC AB-WELL L122738	1.93	
16	12PM	SRC AB-WELL L122738	1.82	
17	10AM	SRC AB-WELL L122738	1.77	
18	9AM	SRC AB-WELL L122738	1.61	
19	11AM	SRC AB-WELL L122738	1.52	
20	11AM	SRC AB-WELL L122738	1.88	
21	12PM	SRC AB-WELL L122738	2.02	
22	11AM	SRC AB-WELL L122738	2.01	
23	10AM	SRC AB-WELL L122738	1.94	
24	10AM	SRC AB-WELL L122738	2.02	
25	11AM	SRC AB-WELL L122738	1.86	
26	11AM	SRC AB-WELL L122738	1.74	
27	12PM	SRC AB-WELL L122738	1.63	
28	12PM	SRC AB-WELL L122738	1.57	
29	11AM	SRC AB-WELL L122738	1.68	
30	10AM	SRC AB-WELL L122738	1.71	
31		SRC AB-WELL L122738		

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to mg/L as required?      Yes          No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;"><b>GWS Serving More Than 3,300</b></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">                 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   <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;">                 Date continuous monitoring equipment failed:                  / /                   Date it was returned to service:                  / /             </td> </tr> </table>	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  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / /  Date it was returned to service: / /
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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: 07/01/2024

Small Groundwater System  
41-91199

***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 14450, Portland, OR 97293-0450.***

March 25, 2024