

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

System Name TU-TU-TUN LODGE / FOUR SEASONS RESORT

PWS ID# 41 91199

OCTOBER

Month/Year 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	11AM	SRC AB-WELL L122738	1.61	
2	11AM	SRC AB-WELL L122738	1.54	
3	12PM	SRC AB-WELL L122738	1.68	
4	11AM	SRC AB-WELL L122738	1.73	
5	1PM	SRC AB-WELL L122738	1.61	
6	1PM	SRC AB-WELL L122738	2.02	
7	12PM	SRC AB-WELL L122738	1.83	
8	1PM	SRC AB-WELL L122738	1.91	
9	11AM	SRC AB-WELL L122738	1.79	
10	9AM	SRC AB-WELL L122738	1.70	
11	12PM	SRC AB-WELL L122738	1.72	
12	12PM	SRC AB-WELL L122738	1.61	
13	12PM	SRC AB-WELL L122738	1.58	
14	11AM	SRC AB-WELL L122738	2.02	
15	12PM	SRC AB-WELL L122738	1.97	
16	10AM	SRC AB-WELL L122738	1.82	
17	1PM	SRC AB-WELL L122738	1.77	
18	1PM	SRC AB-WELL L122738	1.69	
19	10AM	SRC AB-WELL L122738	1.57	
20	11AM	SRC AB-WELL L122738	1.55	
21	11AM	SRC AB-WELL L122738	1.62	
22	11AM	SRC AB-WELL L122738	1.81	
23	11AM	SRC AB-WELL L122738	1.82	
24	12PM	SRC AB-WELL L122738	1.73	
25	11AM	SRC AB-WELL L122738	1.98	
26	12PM	SRC AB-WELL L122738	1.81	
27	11AM	SRC AB-WELL L122738	1.69	
28	11AM	SRC AB-WELL L122738	1.71	
29	10AM	SRC AB-WELL L122738	1.77	
30	1PM	SRC AB-WELL L122738	1.68	
31	12PM	SRC AB-WELL L122738	1.52	

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required?

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:

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Date it was returned to service:

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Printed Name:

Signature: Marcus D Harshman

Title:

Phone #: (541) 247-6664

Operator Certification #:

OR

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

Date: 11-2-24

Small Groundwater System 41-91199

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