

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

NOVEMBER

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	10AM	SRC AB-WELL L122738	1.71	
2	10AM	SRC AB-WELL L122738	1.58	
3	11AM	SRC AB-WELL L122738	1.63	
4	11AM	SRC AB-WELL L122738	1.88	
5	10AM	SRC AB-WELL L122738	1.75	
6	10AM	SRC AB-WELL L122738	1.71	
7	10AM	SRC AB-WELL L122738	1.61	
8	10AM	SRC AB-WELL L122738	1.56	
9	10AM	SRC AB-WELL L122738	1.98	
10	10AM	SRC AB-WELL L122738	1.91	
11	10AM	SRC AB-WELL L122738	1.80	
12	10AM	SRC AB-WELL L122738	1.77	
13	11AM	SRC AB-WELL L122738	1.75	
14	10AM	SRC AB-WELL L122738	1.62	
15	10AM	SRC AB-WELL L122738	1.58	
16	9AM	SRC AB-WELL L122738	1.55	
17	10AM	SRC AB-WELL L122738	2.01	
18	11AM	SRC AB-WELL L122738	1.91	
19	10AM	SRC AB-WELL L122738	1.85	
20	10AM	SRC AB-WELL L122738	1.81	
21	11AM	SRC AB-WELL L122738	1.77	
22	10AM	SRC AB-WELL L122738	1.65	
23	10AM	SRC AB-WELL L122738	1.61	
24	10AM	SRC AB-WELL L122738	1.54	
25	10AM	SRC AB-WELL L122738	1.57	
26	9AM	SRC AB-WELL L122738	1.69	
27	10AM	SRC AB-WELL L122738	1.78	
28	9AM	SRC AB-WELL L122738	1.90	
29	11AM	SRC AB-WELL L122738	1.71	
30	11AM	SRC AB-WELL L122738	1.89	
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.

**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

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:

Signature: MARCUS D HARSHAN

Title:

Phone #: (541)247-664

Operator Certification #:

OR

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

Date: 12/02/2024

Small Groundwater System  
41-91199

*Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@odhsoha.oregon.gov](mailto:dlwp.dmce@odhsoha.oregon.gov) ; fax 971-673-0458; or mail to  
Drinking Water Services, PO Box 14450, Portland, OR 97293-0450.*

March 25, 2024