

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    FEBRUARY    2025	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	10AM	SRC AB-WELL L122738	1.90	
2	10AM	SRC AB-WELL L122738	1.86	
3	10AM	SRC AB-WELL L122738	1.81	
4	11AM	SRC AB-WELL L122738	1.77	
5	11AM	SRC AB-WELL L122738	1.75	
6	11AM	SRC AB-WELL L122738	1.70	
7	10AM	SRC AB-WELL L122738	1.67	
8	10AM	SRC AB-WELL L122738	1.54	
9	10AM	SRC AB-WELL L122738	1.52	
10	10AM	SRC AB-WELL L122738	1.93	
11	11AM	SRC AB-WELL L122738	1.99	
12	11AM	SRC AB-WELL L122738	1.92	
13	1PM	SRC AB-WELL L122738	1.96	
14	10AM	SRC AB-WELL L122738	1.84	
15	11AM	SRC AB-WELL L122738	1.79	
16	11AM	SRC AB-WELL L122738	1.85	
17	10AM	SRC AB-WELL L122738	1.88	
18	10AM	SRC AB-WELL L122738	1.73	
19	9AM	SRC AB-WELL L122738	1.65	
20	10AM	SRC AB-WELL L122738	1.78	
21	10AM	SRC AB-WELL L122738	1.71	
22	11AM	SRC AB-WELL L122738	2.05	
23	9AM	SRC AB-WELL L122738	1.95	
24	9AM	SRC AB-WELL L122738	1.86	
25	10AM	SRC AB-WELL L122738	1.75	
26	10AM	SRC AB-WELL L122738	1.76	
27	9AM	SRC AB-WELL L122738	1.68	
28	10AM	SRC AB-WELL L122738	1.61	
		SRC AB-WELL L122738		
		SRC AB-WELL L122738		
		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</p> <p>No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed:</p> <p>  /  /  </p> <p>Date it was returned to service:</p> <p>  /  /  </p>
--	--	---

Printed Name: MARCUS D HARSHMAN	Title: MAINTENANCE MANAGER	Operator Certification #:
Signature:	Phone #: (541) 247-6664	OR

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

Date:

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