

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 APRIL 2025	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	1PM	SRC AB-WELL L122738	1.89	
2	12PM	SRC AB-WELL L122738	1.76	
3	12PM	SRC AB-WELL L122738	1.72	
4	11AM	SRC AB-WELL L122738	1.77	
5	11AM	SRC AB-WELL L122738	1.67	
6	11AM	SRC AB-WELL L122738	1.64	
7	9AM	SRC AB-WELL L122738	1.66	
8	11AM	SRC AB-WELL L122738	1.57	
9	11AM	SRC AB-WELL L122738	1.84	
10	11AM	SRC AB-WELL L122738	1.88	
11	1PM	SRC AB-WELL L122738	1.81	
12	11AM	SRC AB-WELL L122738	1.83	
13	11AM	SRC AB-WELL L122738	1.73	
14	11AM	SRC AB-WELL L122738	1.71	
15	10AM	SRC AB-WELL L122738	1.77	
16	11AM	SRC AB-WELL L122738	1.73	
17	9AM	SRC AB-WELL L122738	1.69	
18	9AM	SRC AB-WELL L122738	1.68	
19	11AM	SRC AB-WELL L122738	1.61	
20	1PM	SRC AB-WELL L122738	1.58	
21	11AM	SRC AB-WELL L122738	1.55	
22	11AM	SRC AB-WELL L122738	1.68	
23	1PM	SRC AB-WELL L122738	1.67	
24	1PM	SRC AB-WELL L122738	1.77	
25	1PM	SRC AB-WELL L122738	1.75	
26	1PM	SRC AB-WELL L122738	1.79	
27	10AM	SRC AB-WELL L122738	1.71	
28	11AM	SRC AB-WELL L122738	1.68	
29	1PM	SRC AB-WELL L122738	1.60	
30	1PM	SRC AB-WELL L122738	1.62	
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>GWS Serving 3,300 or Fewer</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>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</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>
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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: 0 5/04/1025

Small Groundwater System
41-91199

*Return by 10th of following month by either email 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