

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		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	1.81	
2	11AM	SRC AB-WELL L122738	1.77	
3	10AM	SRC AB-WELL L122738	1.84	
4	10AM	SRC AB-WELL L122738	1.79	
5	10AM	SRC AB-WELL L122738	1.73	
6	11AM	SRC AB-WELL L122738	1.68	
7	9AM	SRC AB-WELL L122738	1.67	
8	10AM	SRC AB-WELL L122738	1.92	
9	9AM	SRC AB-WELL L122738	1.90	
10	9AM	SRC AB-WELL L122738	1.86	
11	10AM	SRC AB-WELL L122738	1.84	
12	10AM	SRC AB-WELL L122738	1.72	
13	11AM	SRC AB-WELL L122738	1.71	
14	10AM	SRC AB-WELL L122738	1.89	
15	10AM	SRC AB-WELL L122738	1.85	
16	8AM	SRC AB-WELL L122738	1.81	
17	10AM	SRC AB-WELL L122738	1.69	
18	11AM	SRC AB-WELL L122738	1.72	
19	9AM	SRC AB-WELL L122738	1.67	
20	10AM	SRC AB-WELL L122738	1.65	
21	9AM	SRC AB-WELL L122738	1.62	
22	9AM	SRC AB-WELL L122738	1.90	
23	10AM	SRC AB-WELL L122738	1.83	
24	10AM	SRC AB-WELL L122738	1.78	
25	10AM	SRC AB-WELL L122738	1.70	
26	10AM	SRC AB-WELL L122738	1.70	
27	10AM	SRC AB-WELL L122738	1.68	
28	11AM	SRC AB-WELL L122738	1.64	
29	11AM	SRC AB-WELL L122738	1.72	
30	11AM	SRC AB-WELL L122738	1.61	
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 style="text-align: center;">GWS Serving More Than 3,300</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> <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> </td> <td style="width: 40%;"> <p>Date continuous monitoring equipment failed:</p> <p>/ /</p> <p>Date it was returned to service:</p> <p>/ /</p> </td> </tr> </table>	<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 Signature: Date:	Title: MAINTENANCE MANAGER Phone #: (541) 247-6664	Operator Certification #: OR Small Groundwater System 41-91199
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Return by 10th of following month by either email dpw.dmce@odhsoha.oregon.gov ; fax 971-673-0458; or mail to
Drinking Water Services, PO Box 14450, Portland, OR 97293-0450.

March 25, 2024