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	10AM	SRC AB-WELL L122738	1.79	
2	10AM	SRC AB-WELL L122738	1.81	
3	10AM	SRC AB-WELL L122738	1.83	
4	9AM	SRC AB-WELL L122738	1.77	
5	9AM	SRC AB-WELL L122738	1.82	
6	10AM	SRC AB-WELL L122738	1.78	
7	10AM	SRC AB-WELL L122738	1.73	
8	10AM	SRC AB-WELL L122738	1.67	
9	11AM	SRC AB-WELL L122738	1.61	
10	10AM	SRC AB-WELL L122738	1.52	
11	9AM	SRC AB-WELL L122738	1.59	
12	10AM	SRC AB-WELL L122738	1.66	
13	11AM	SRC AB-WELL L122738	1.72	
14	11AM	SRC AB-WELL L122738	1.68	
15	11AM	SRC AB-WELL L122738	1.68	
16	11AM	SRC AB-WELL L122738	1.69	
17	10AM	SRC AB-WELL L122738	1.62	
18	11AM	SRC AB-WELL L122738	1.70	
19	11AM	SRC AB-WELL L122738	1.76	
20	11AM	SRC AB-WELL L122738	1.87	
21	10AM	SRC AB-WELL L122738	1.91	
22	10AM	SRC AB-WELL L122738	1.83	
23	10AM	SRC AB-WELL L122738	1.74	
24	10AM	SRC AB-WELL L122738	1.73	
25	9AM	SRC AB-WELL L122738	1.81	
26	9AM	SRC AB-WELL L122738	1.67	
27	8AM	SRC AB-WELL L122738	1.85	
28	10AM	SRC AB-WELL L122738	1.71	
29	10AM	SRC AB-WELL L122738	1.59	
30	9AM	SRC AB-WELL L122738	1.68	
31	10AM	SRC AB-WELL L122738	1.62	

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? 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: MARCUS D HARSHMAN Title: MAINTENANCE MANAGER

Signature: MDHARSHMAN Phone #: (541) 247-6664

Date: 9-3-2025

Operator Certification #:

OR

Small Groundwater System 41-91199

State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

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