

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	9AM	SRC AB-WELL L122738	1.62	
2	10AM	SRC AB-WELL L122738	1.58	
3	10AM	SRC AB-WELL L122738	1.88	
4	10AM	SRC AB-WELL L122738	1.84	
5	10AM	SRC AB-WELL L122738	1.79	
6	9AM	SRC AB-WELL L122738	1.73	
7	9AM	SRC AB-WELL L122738	1.67	
8	10AM	SRC AB-WELL L122738	1.66	
9	10AM	SRC AB-WELL L122738	1.60	
10	10AM	SRC AB-WELL L122738	1.58	
11	10AM	SRC AB-WELL L122738	1.66	
12	10AM	SRC AB-WELL L122738	1.62	
13	11AM	SRC AB-WELL L122738	1.71	
14	9AM	SRC AB-WELL L122738	1.63	
15	9AM	SRC AB-WELL L122738	1.71	
16	9AM	SRC AB-WELL L122738	1.69	
17	10AM	SRC AB-WELL L122738	1.64	
18	10AM	SRC AB-WELL L122738	1.67	
19	10AM	SRC AB-WELL L122738	1.61	
20	9AM	SRC AB-WELL L122738	1.64	
21	9AM	SRC AB-WELL L122738	1.62	
22	9AM	SRC AB-WELL L122738	1.66	
23	9AM	SRC AB-WELL L122738	1.68	
24	9AM	SRC AB-WELL L122738	1.73	
25	10AM	SRC AB-WELL L122738	1.65	
26	9AM	SRC AB-WELL L122738	1.59	
27	10AM	SRC AB-WELL L122738	1.62	
28	10AM	SRC AB-WELL L122738	1.68	
29	9AM	SRC AB-WELL L122738	1.63	
30	9AM	SRC AB-WELL L122738	1.55	
		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="1" style="width: 100%; border-collapse: collapse;"> <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: 10-04-2025	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 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