

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	1.55	
2	9AM	SRC AB-WELL L122738	1.57	
3	10AM	SRC AB-WELL L122738	1.52	
4	10AM	SRC AB-WELL L122738	1.68	
5	9AM	SRC AB-WELL L122738	1.65	
6	9AM	SRC AB-WELL L122738	1.62	
7	9AM	SRC AB-WELL L122738	1.56	
8	8AM	SRC AB-WELL L122738	1.61	
9	8AM	SRC AB-WELL L122738	1.66	
10	9AM	SRC AB-WELL L122738	1.64	
11	9AM	SRC AB-WELL L122738	1.59	
12	9AM	SRC AB-WELL L122738	1.57	
13	9AM	SRC AB-WELL L122738	1.62	
14	9AM	SRC AB-WELL L122738	1.71	
15	10AM	SRC AB-WELL L122738	1.69	
16	8AM	SRC AB-WELL L122738	1.62	
17	9AM	SRC AB-WELL L122738	1.68	
18	8AM	SRC AB-WELL L122738	1.68	
19	10AM	SRC AB-WELL L122738	1.63	
20	9AM	SRC AB-WELL L122738	1.69	
21	10AM	SRC AB-WELL L122738	1.70	
22	9AM	SRC AB-WELL L122738	1.66	
23	9AM	SRC AB-WELL L122738	1.61	
24	9AM	SRC AB-WELL L122738	1.67	
25	8AM	SRC AB-WELL L122738	1.71	
26	10AM	SRC AB-WELL L122738	1.64	
27	9AM	SRC AB-WELL L122738	1.61	
28	9AM	SRC AB-WELL L122738	1.54	
29	9AM	SRC AB-WELL L122738	1.58	
30	10AM	SRC AB-WELL L122738	1.55	
31	9AM	SRC AB-WELL L122738	1.53	

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 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>Date it was returned to service: / /</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: 11/04/2025

Small Groundwater System 41-91199

*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