

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name TU-TU-TUN LODGE / FOUR SEASONS RESORT  
 DECEMBER  
 Month/Year 2025 Entry Point: EP-A

PWS ID# 4 1 91199

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	1.72	
2	10AM	SRC AB-WELL L122738	1.74	
3	9AM	SRC AB-WELL L122738	1.66	
4	9AM	SRC AB-WELL L122738	1.68	
5	9AM	SRC AB-WELL L122738	1.64	
6	8AM	SRC AB-WELL L122738	1.77	
7	10AM	SRC AB-WELL L122738	1.58	
8	10AM	SRC AB-WELL L122738	1.63	
9	9AM	SRC AB-WELL L122738	1.66	
10	9AM	SRC AB-WELL L122738	1.70	
11	10AM	SRC AB-WELL L122738	1.71	
12	10AM	SRC AB-WELL L122738	1.67	
13	10AM	SRC AB-WELL L122738	1.57	
14	9AM	SRC AB-WELL L122738	1.61	
15	9AM	SRC AB-WELL L122738	1.66	
16	9AM	SRC AB-WELL L122738	1.63	
17	10AM	SRC AB-WELL L122738	1.63	
18	10AM	SRC AB-WELL L122738	1.61	
19	10AM	SRC AB-WELL L122738	1.69	
20	10AM	SRC AB-WELL L122738	1.80	
21	10AM	SRC AB-WELL L122738	1.77	
22	9AM	SRC AB-WELL L122738	1.79	
23	12PM	SRC AB-WELL L122738	1.82	
24	12PM	SRC AB-WELL L122738	1.80	
25	12PM	SRC AB-WELL L122738	1.85	
26	12PM	SRC AB-WELL L122738	1.75	
27	8AM	SRC AB-WELL L122738	1.68	
28	9AM	SRC AB-WELL L122738	1.69	
29	9AM	SRC AB-WELL L122738	1.71	
30	9AM	SRC AB-WELL L122738	1.78	
31	9AM	SRC AB-WELL L122738	1.76	

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

Phone #: (541) 247-6664

Operator Certification #:

OR

Signature:

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

Date: 01/09/26

Small Groundwater System  
41-91199

*Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@odhsoha.oregon.gov](mailto: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