

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
	JANUARY		
Month/Year	2026	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	1.70	
2	9AM	SRC AB-WELL L122738	1.73	
3	8AM	SRC AB-WELL L122738	1.68	
4	8AM	SRC AB-WELL L122738	1.66	
5	8AM	SRC AB-WELL L122738	1.65	
6	9AM	SRC AB-WELL L122738	1.72	
7	9AM	SRC AB-WELL L122738	1.68	
8	8AM	SRC AB-WELL L122738	1.74	
9	8AM	SRC AB-WELL L122738	1.67	
10	8AM	SRC AB-WELL L122738	1.67	
11	9AM	SRC AB-WELL L122738	1.69	
12	9AM	SRC AB-WELL L122738	1.75	
13	9AM	SRC AB-WELL L122738	1.70	
14	9AM	SRC AB-WELL L122738	1.68	
15	10AM	SRC AB-WELL L122738	1.69	
16	10AM	SRC AB-WELL L122738	1.68	
17	10AM	SRC AB-WELL L122738	1.79	
18	9AM	SRC AB-WELL L122738	1.74	
19	10AM	SRC AB-WELL L122738	1.65	
20	9AM	SRC AB-WELL L122738	1.59	
21	9AM	SRC AB-WELL L122738	1.55	
22	10AM	SRC AB-WELL L122738	1.63	
23	10AM	SRC AB-WELL L122738	1.79	
24	10AM	SRC AB-WELL L122738	1.71	
25	10AM	SRC AB-WELL L122738	1.77	
26	10AM	SRC AB-WELL L122738	1.69	
27	10AM	SRC AB-WELL L122738	1.65	
28	11AM	SRC AB-WELL L122738	1.72	
29	11AM	SRC AB-WELL L122738	1.81	
30	11AM	SRC AB-WELL L122738	1.75	
31	11AM	SRC AB-WELL L122738	1.74	

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>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> / /</p> <p>Date it was returned to service:</p> <p> / /</p>
---	--	---

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: FEB 9 2026

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