

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
FEB 2026			

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	1.78	
2	9AM	SRC AB-WELL L122738	1.71	
3	11AM	SRC AB-WELL L122738	1.79	
4	11AM	SRC AB-WELL L122738	1.73	
5	10AM	SRC AB-WELL L122738	1.77	
6	10AM	SRC AB-WELL L122738	1.72	
7	11AM	SRC AB-WELL L122738	1.79	
8	10AM	SRC AB-WELL L122738	1.80	
9	10AM	SRC AB-WELL L122738	1.88	
10	10AM	SRC AB-WELL L122738	1.81	
11	9AM	SRC AB-WELL L122738	1.80	
12	10AM	SRC AB-WELL L122738	1.90	
13	10AM	SRC AB-WELL L122738	1.94	
14	10AM	SRC AB-WELL L122738	1.87	
15	10AM	SRC AB-WELL L122738	1.85	
16	10AM	SRC AB-WELL L122738	1.89	
17	10AM	SRC AB-WELL L122738	1.88	
18	10AM	SRC AB-WELL L122738	1.81	
19	10AM	SRC AB-WELL L122738	1.75	
20	10AM	SRC AB-WELL L122738	1.74	
21	11AM	SRC AB-WELL L122738	1.79	
22	10AM	SRC AB-WELL L122738	1.78	
23	10AM	SRC AB-WELL L122738	1.69	
24	10AM	SRC AB-WELL L122738	1.72	
25	9AM	SRC AB-WELL L122738	1.70	
26	9AM	SRC AB-WELL L122738	1.70	
27	9AM	SRC AB-WELL L122738	1.68	
28	9AM	SRC AB-WELL L122738	1.69	
29		SRC AB-WELL L122738		
30		SRC AB-WELL L122738		
31		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 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: 03-02-2026

Small Groundwater System 41-91199
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