State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Elk Lake Resort PWS ID# 41 91737

Month/Year: 03/21 Entry Point: Treated Site Required Residual: 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system	Notes
1		Well	Closed	
2			Closed	
3			Closed	
4			.52	
5			.49	
6			.49	
7			.50	
8			Closed	
9			Closed	
10			Closed	
11			.49	
12			.46	
13			.48	
14			.47	
15			Closed	
16			Closed	
17			Closed	
18			.45	
19			.47	
20			.46	
21			.49	
22			Closed	
23			Closed	
24			Closed	
25			.52	
26			.49	
27			.53	
28			.51	
29			Closed	
30			Closed	
31			Closed	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? ☐ Yes ☒ No

If yes, what was the longest time period until the required level was restored? _____ Hours – If > 4 hours, Drinking Water Program must 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 during reporting month? ☐ Yes ☐ 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: PAT PRIEVER Title: Owner

Signature: _____ Phone #: (503) 501 8785

Date: 04/06/21

Operator Certification #: _____

OR

Small Groundwater System ☐