State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Elk Lake Resort PWS ID# 41 91737

Month/Year: 05/21 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		↓	↓	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27			.48	
28			.49	
29			.46	
30			.47	
31			.46	

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 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 this 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: [illegible] PRIEUR Title: Owner

Signature: [signature] Phone #: (503)5018785

Date: 06/08/21

Operator Certification #:_____________

OR

Small Groundwater System ☐