

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

System Name ETK Lake Resort PWS ID# 41 91737
 Month/Year 06/21 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 <input checked="" type="checkbox"/>	Notes
1		Well 	.48	
2			.47	
3			.49	
4			.45	
5			.42	
6			.46	
7			.45	
8			.47	
9			.45	
10			.48	
11			.46	
12			.45	
13			.44	
14			.46	
15			.45	
16			.47	
17			.48	
18			.45	
19			.47	
20			.48	
21			.46	
22			.45	
23			.48	
24			.45	
25			.47	
26			.46	
27			.42	
28			.45	
29			.44	
30			.43	
31			.45	

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 ~~to be~~ notified by end of next business day.

GWS Serving 3,300 or Fewer
 If yes, did you monitor every 6h 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 in 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 Priour Title: OWNER
 Signature: [Signature] Phone #: 503 501 8795
 Date: 07/08/2021

Operator Certification #: _____
 OR
 Small Groundwater System