State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name Elk Lake Resort PWS ID# 41 91737

Month/Year 07/21 Entry Point: Treated Site Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Well	.47	
2			.48	
3			.45	
4			.49	
5			.46	
6			.48	
7			.47	
8			.50	
9			.48	
10			.47	
11			.49	
12			.46	
13			.47	
14			.48	
15			.44	
16			.48	
17			.45	
18			.47	
19			.49	
20			.47	
21			.44	
22			.45	
23			.44	
24			.46	
25			.45	
26			.48	
27			.46	
28			.44	
29			.43	
30			.45	
31			.44	

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 to 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: Pat Reeves Title: Owner

Signature: [signature] Phone #: 503 391 8705

Date: 08/10/21

Operator Certification #:_____

OR

Small Groundwater System ☐