

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

System Name Elk Lake Resort PWS ID# 41 91737  
 Month/Year 08, 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 	.45	
2			.46	
3			.44	
4			.47	
5			.49	
6			.46	
7			.44	
8			.46	
9			.47	
10			.45	
11			.44	
12			.47	
13			.48	
14			.47	
15			.45	
16			.48	
17			.44	
18			.47	
19			.46	
20			.47	
21			.45	
22			.44	
23			.46	
24			.45	
25			.48	
26			.47	
27			.49	
28			.47	
29			.45	
30			.46	
31			.47	

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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every <del>hour</del> until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time <del>in</del> reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours <del>at</del> the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned b service: _____ / _____ / _____</p>

Printed Name: DAVID RIVERA Title: Owner Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 503.501.8785  
 Date: 08/10/21

OR  
 Small Groundwater System