

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

System Name Elk Lake Resort PWS ID# 41 91737  
 Month/Year 09, 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	.49	
2			.52	
3			.48	
4			.47	
5			.49	
6			.46	
7			.47	
8			.49	
9			.51	
10			.53	
11			.49	
12			.51	
13			.50	
14			.47	
15			.48	
16			.48	
17			.50	
18			.52	
19			.51	
20			.54	
21			.53	
22			.55	
23			.52	
24			.49	
25			.56	
26			.58	
27			.51	
28			.60	
29			.55	
30			.50	
31			X	

Was the chlorine residual ever less than the required minimum residual of 0.4 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><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: <u>  /  /  </u></p> <p>Date it was returned to service: <u>  /  /  </u></p>
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Printed Name: Pat Brown Title: Owner Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: ( ) \_\_\_\_\_  
 Date: 10 10 21

OR  
Small Groundwater System