

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

System Name Elk Lake Resort PWS ID# 41 91737
 Month/Year 10/21 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 ↓ | .52 | | |
| 2 | | | .54 | | |
| 3 | | | .49 | | |
| 4 | | | .52 | | |
| 5 | | | .53 | | |
| 6 | | | .51 | | |
| 7 | | | .55 | | |
| 8 | | | .56 | | |
| 9 | | | .54 | | |
| 10 | | | .52 | | |
| 11 | | | .50 | | |
| 12 | | CLOSED | | | |
| 13 | | ↑ | | | |
| 14 | | | | | |
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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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every full 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">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time in reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours at 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 to service: ____/____/____</p> |

Printed Name: PAT BREW Title: Owner Operator Certification #: _____
 Signature: [Signature] Phone #: (____) _____ OR
 Date: 11/10/21 503.501.8725 Small Groundwater System