State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Elk Lake Resort PWS ID# 41 91737

Month/Year: 12/21 Entry Point: Treated Sile Required Residual: 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system	Notes
1		Well	Closed	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17			.48	
18			.49	
19			.46	
20			.48	
21			.47	
22			.48	
23			.45	
24			.49	
25			.46	
26			.45	
27			.44	
28			.44	
29			.43	
30			.46	
31			.42	

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 Branch 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 during 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 Prieve Title: Owner

Signature: Pat Prieve Phone #: 5033501785

Date: 01/05/22

Operator Certification #: _____

OR

Small Groundwater System ☐