State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Elk Lake Resort PWS ID# 41 97737

Month/Year: 01/22 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	Notes
1		Well	.45	
2			.46	
3			Closed	
4			closed	
5			Closed	
6			Closed	
7			.52	
8			.54	
9			.51	
10			Closed	
11			Closed	
12			Closed	
13			.56	
14			.53	
15			.51	
16			.52	
17			.50	
18			closed	
19			closed	
20			.54	
21			.52	
22			.54	
23			.53	
24			Closed	
25			closed	
26			closed	
27			.59	
28			.56	
29			.52	
30			.49	
31			Closed	

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 must 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 Prieve

Signature: [signature]

Date: 02/02/22

Title: Owner

Phone #: (503) 501 8785

Operator Certification #: __________

OR

Small Groundwater System ☐