

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

System Name Elk Lake Resort PWS ID# 41 91737
 Month/Year 05/22 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 <input checked="" type="checkbox"/>	Notes
1		<u>Well</u>	<u>CLOSED</u>	
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20				
21				
22				
23				
24				
25				
26				
27			<u>.56</u>	
28			<u>.57</u>	
29			<u>.58</u>	
30			<u>.59</u>	
31			<u>.55</u>	

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 hour 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 PRINCE Title: Owner Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 501-8785 OR
 Date: 06/10/22 Small Groundwater System