
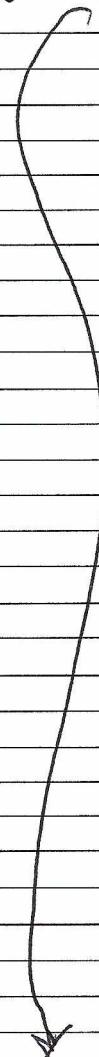


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Eik Lake Resort PWS ID# 41 91737
 Month/Year 06/22 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 	.56	
2			.54	
3			.55	
4			.48	
5			.47	
6			.49	
7			.50	
8			.46	
9			.44	
10			.48	
11			.46	
12			.49	
13			.51	
14			.50	
15			.52	
16			.48	
17			.47	
18			.51	
19			.46	
20			.45	
21			.49	
22			.52	
23			.49	
24			.53	
25			.50	
26			.52	
27			.54	
28			.55	
29			.53	
30			.56	
31			.58	

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>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 until 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: PATRICK Title: Owner Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 501-0788 OR
 Date: 07/05/22 Small Groundwater System