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 / 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	.50	
2			.48	
3			.49	
4			.47	
5			.49	
6			.46	
7			.48	
8			.50	
9			.51	
10			.54	
11			.51	
12			Closed	
13				
14				
15				
16				
17				
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22				
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31				

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 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 Perm Title: Owner

Signature: [signature] Phone #: (503) 501-8785

Date: 11 / 09 / 22

Operator Certification #:____________

OR

Small Groundwater System ☐

December 19, 2012