

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

System Name ELK Lake Resort PWS ID# 41 91737  
 Month/Year 06/23 Entry Point: Trental 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		Well	.42	
2			.49	
3			.46	
4			.47	
5			.45	
6			.45	
7			.44	
8			.43	
9			.46	
10			.45	
11			.47	
12			.44	
13			.46	
14			.45	
15			.45	
16			.47	
17			.46	
18			.44	
19			.47	
20			.45	
21			.46	
22			.43	
23			.44	
24			.45	
25			.46	
26			.45	
27			.43	
28			.44	
29			.42	
30			.44	
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 ~~to~~ be notified by end of next business day.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every ~~6~~ 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  reporting month?  Yes  No

If yes, were grab samples collected every four hours at 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 PRIEXIS

Title: Owner

Operator Certification #: \_\_\_\_\_

Signature: [Signature]

Phone #: ( ) \_\_\_\_\_

OR

Date: 07/10/23

503.501.8785

Small Groundwater System