

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

System Name Bik Lake Resort PWS ID# 41 91737  
 Month/Year 07/23 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	.48	
2			.49	
3			.47	
4			.48	
5			.46	
6			.47	
7			.49	
8			.46	
9			.45	
10			.48	
11			.49	
12			.46	
13			.48	
14			.46	
15			.49	
16			.47	
17			.45	
18			.46	
19			.45	
20			.44	
21			.46	
22			.45	
23			.48	
24			.49	
25			.47	
26			.49	
27			.46	
28			.45	
29			.46	
30			.44	
31			.46	

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every <del>hour</del> 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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time <del>in</del> reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours <del>at</del> 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>
---	---

Printed Name: PAT PRIEN Title: Owner Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 350 9007 OR  
 Date: 08/10/23 Small Groundwater System