

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

System Name Elk Lake Resort PWS ID# 41 91737  
 Month/Year 08/23 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 <input checked="" type="checkbox"/>	Notes
1		Well	- 48	
2			- 49	
3			- 46	
4			- 47	
5			- 49	
6			- 50	
7			- 48	
8			- 46	
9			- 49	
10			- 48	
11			- 47	
12			- 46	
13			- 47	
14			- 46	
15			- 49	
16			- 49	
17			- 46	
18			- 47	
19			- 48	
20			- 49	
21			- 45	
22			- 47	
23			- 49	
24			- 50	
25			- 48	
26			- 46	
27			- 45	
28			- 47	
29			- 49	
30			- 48	
31			- 48	

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 15 minutes 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 in reporting month?  Yes  No  
 Date continuous monitoring equipment failed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Attach grab sample results and submit them with this form.

Printed Name: PAT FRIEVE Title: Owner  
 Signature: [Signature] Phone #: ( ) \_\_\_\_\_  
 Date: 08/10/23 503.501.8705

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System