

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

System Name Elk Lake Resort PWS ID# 41 91737
 Month/Year 09/23 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	.46	
2			.48	
3			.46	
4			.49	
5			.47	
6			.45	
7			.46	
8			.48	
9			.50	
10			.49	
11			.47	
12			.45	
13			.49	
14			.48	
15			.47	
16			.46	
17			.49	
18			.47	
19			.49	
20			.48	
21			.49	
22			.46	
23			.48	
24			.50	
25			.49	
26			.47	
27			.46	
28			.49	
29			.48	
30			.45	
31				

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 <input checked="" type="checkbox"/> 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>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time <input checked="" type="checkbox"/> reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours <input checked="" type="checkbox"/> at 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: _____/_____/_____</p> <p>Date it was returned to service: _____/_____/_____</p>
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Printed Name: STAR PRINCE Title: Owner Operator Certification #: _____
 Signature: [Signature] Phone #: () 503 501 8785 OR
 Date: 10/10/23 Small Groundwater System