

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

System Name Elk Lake Resort PWS ID# 41 91737  
 Month/Year 12/23 Entry Point: Treated Sit 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		closed		
2		closed		
3		closed		
4		closed		
5		closed		
6		closed		
7		closed		
8		Well	.52	
9			.51	
10			.55	
11			.46	
12			closed	
13			closed	
14			closed	
15			.54	
16			.52	
17			.55	
18			.54	
19			.52	
20			.53	
21			.49	
22			.48	
23			.51	
24			.54	
25			.51	
26			.48	
27			.48	
28			.46	
29			.47	
30			.48	
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 <u>15</u> 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 <u>15</u> reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until 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: <u>  /  /  </u></p> <p>Date it was returned to service: <u>  /  /  </u></p>

Printed Name: Pat Priests Title: Owner Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: ( ) \_\_\_\_\_ OR  
 Date: 01/10/24 5035018785 Small Groundwater System