State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Elk Lake Resort PWS ID# 41 91737

Month/Year: 02/24 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	.52	
2			.55	
3			.50	
4			.49	
5			Closed	
6			Closed	
7			Closed	
8			.56	
9			.54	
10			.55	
11			.52	
12			Closed	
13			Closed	
14			Closed	
15			.47	
16			.51	
17			.53	
18			.49	
19			.50	
20			Closed	
21			Closed	
22			.50	
23			.51	
24			.52	
25			.51	
26			Closed	
27			Closed	
28			Closed	
29			.49	
30			X	
31			X	

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 must be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours 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

If yes, were grab samples collected every four hours until 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 PRIEUR Title: Owner

Signature: [signature] Phone #: (503) 501.8785

Date: 03/10/24

Operator Certification #: _____

OR

Small Groundwater System ☐