

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

System Name Elk Lake Resort PWS ID# 41 91737
 Month/Year 8/24 Entry Point: Treated Site Required Residual .4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system	Notes
1		Well	.54	
2			.53	
3			.54	
4			closed	
5			closed	
6			closed	
7			.57	
8			.50	
9			.53	
10			.49	
11			closed	
12			closed	
13			closed	
14			.52	
15			.51	
16			.55	
17			.53	
18			closed	
19			closed	
20			closed	
21			.50	
22			.52	
23			.51	
24			.50	
25			closed	
26			closed	
27			closed	
28			.55	
29			.50	
30			.49	
31			.51	

Was the chlorine residual ever less than the required minimum residual of .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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every ~~full~~ 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 Pringle

Signature: [Signature]

Date: 8/24

Title: Owner

Phone #: (503) 501-1811

Operator Certification #: _____

OR

Small Groundwater System ☐