

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

System Name Elk Lake Resort PWS ID# 41 91737
 Month/Year 01/24 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 <input checked="" type="checkbox"/>	Notes
1		<u>Well</u>	<u>Closed</u>	
2				
3				
4				
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31				

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 ~~6~~ 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 PRIVIZ

Signature: [Signature]

Date: 1/1

Title: Owner

Phone #: (503) 501-8785

Operator Certification #: _____

OR

Small Groundwater System ☐