

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

System Name Elk Lake Resort PWS ID# 41 91737
 Month/Year 09/24 Entry Point: Treated SM Required Residual 4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system	Notes
1		<u>Well</u>	<u>.49</u>	
2			<u>.50</u>	
3			<u>.48</u>	
4			<u>.47</u>	
5			<u>.52</u>	
6			<u>.49</u>	
7			<u>.51</u>	
8			<u>.47</u>	
9			<u>.47</u>	
10			<u>.49</u>	
11			<u>.48</u>	
12			<u>.47</u>	
13			<u>.52</u>	
14			<u>.53</u>	
15			<u>.49</u>	
16			<u>.51</u>	
17			<u>.46</u>	
18			<u>.48</u>	
19			<u>.47</u>	
20			<u>.45</u>	
21			<u>.46</u>	
22			<u>.49</u>	
23			<u>.53</u>	
24			<u>.48</u>	
25			<u>.46</u>	
26			<u>.45</u>	
27			<u>.47</u>	
28			<u>.49</u>	
29			<u>.49</u>	
30			<u>.48</u>	
31				

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 ~~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: Patricia
 Signature: [Signature]
 Date: 1/1/

Title: Owner
 Phone #: ()
503.501.9765

Operator Certification #: _____

OR

Small Groundwater System ☐