

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

System Name Troy Resort PWS ID# 41 93931  
 Month/Year 3/21 Entry Point: EP-B for Well #2 Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Well #2	Closed	
2		Well #2	Through the	
3		Well #2	1.5" hoop	
4		Well #2	on the 16 <sup>th</sup>	
5		Well #2		
6		Well #2		
7		Well #2		
8		Well #2		
9		Well #2		
10		Well #2		
11		Well #2		
12		Well #2		
13		Well #2		
14		Well #2		
15		Well #2		
16	7:30 AM	Well #2	Open 1.2	18 Gal Solution
17	8:00 AM	Well #2	1.2	
18	10:30 AM	Well #2	1.2	
19	9:00 AM	Well #2	1.2	
20	11:30 AM	Well #2	1.2	
21		Well #2		
22		Well #2	Closed	
23		Well #2	"	
24		Well #2	"	
25		Well #2	1.2	ADD Solution
26		Well #2	1.2	28 gal
27		Well #2	1.0	
28		Well #2	1.2	
29		Well #2	Closed	
30		Well #2	"	
31		Well #2	"	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ Hours - If > 4 hours, Drinking Water Program 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 four hours until the residual returned to 0.2 mg/L as required? <input type="checkbox"/> Yes <input checked="" 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 this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Date continuous monitoring equipment failed: _____/_____/____</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 checked="" type="checkbox"/> No</p> <p>Date it was returned to service: _____/_____/____</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Printed Name: <u>Doug Witherrick</u> Title: <u>Manager</u></p> <p>Signature: <u>Doug Witherrick</u> Phone #: <u>(541) 828-7725</u></p> <p>Date: <u>3/31/21</u></p>	<p>Operator Certification #: <u>n/a</u></p> <p>Small Groundwater System</p>