

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

System Name Troy Resort PWS ID# 41 93931  
 Month/Year 4/21 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	11:30	Well #2	1.2	19 Gal solution
2	9:00	Well #2	1.2	
3	10:30	Well #2	1.0	
4	8:30	Well #2	1.2	
5	~~~~~	Well #2	1.2	
6	~~~~~	Well #2	(Closed)	
7	~~~~~	Well #2	1.2	
8	7:00	Well #2	1.2	
9	9:30	Well #2	1.3	
10	10:00	Well #2	1.2	
11	8:30	Well #2	1.2	
12	~~~~~	Well #2	1.2	
13	~~~~~	Well #2	(Closed)	
14	~~~~~	Well #2	1.2	
15	8:00	Well #2	1.2	
16	9:30	Well #2	1.2	
17	10:00	Well #2	1.2	16 Gal solution
18	11:30	Well #2	1.2	
19	~~~~~	Well #2	(Closed)	
20	~~~~~	Well #2	(Closed)	
21	~~~~~	Well #2	1.2	
22	9:00	Well #2	1.2	
23	10:30	Well #2	1.2	
24	11:00	Well #2	1.2	
25	8:30	Well #2	1.2	
26	~~~~~	Well #2	1.2	
27	~~~~~	Well #2	(Closed)	Add solution Total 26 Gal
28	~~~~~	Well #2	1.2	
29	10:00	Well #2	1.0	
30	9:30	Well #2	1.2	
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>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>Attach grab sample results and submit them with this form.</p>
<p>Printed Name: <u>Doug Withersote</u> Title: <u>Manager</u></p> <p>Signature: <u>Doug Withersote</u> Phone #: <u>(541) 828-2727</u></p> <p>Date: <u>5/10/21</u></p>	<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p> <p align="center"><del>Operator Certification #:</del> <u>n/a</u></p> <p align="center"><del>Small Groundwater System</del></p>