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



| System | n Name | Troy Resort | | | | | | |
|---|--|---|--|--|-----------------|-------------------|--|--|
| - Cyston | 1 / | n 1 | | PW | SID# 41 | 93931 | | |
| Month/Year 1 2 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 | | | 19 | 'Gal so | lution | |
| 2 | 9:00 | Weil #2 | | | tole | 50 | 104-1011 | |
| 3 | 10:30 | Well #2 | | | | | | |
| 4 | 8:30 | Well #2 | | | | | | |
| 5 | m | Well #2 | | 1/ . \ | 7 | | | |
| 6 | | Well #2 . | | Closed | - | | | |
| 7 | 5 | Well #2 | | 1 | 1 | | | |
| 8 | 1:00 | Well | #2 | | | | | |
| 9 | 9:30 | . Well | | | | | | |
| 10 | 10:00 | Well | #2 | | | | | |
| 11 | 8:30 | Well | #2 | | | | - | |
| .12 | m | Well | #2 | 1 | 1 | | | |
| 13 | | Well | #2 | 1 Closed | - | | - | |
| 14 | | Well | #2 | 1 | 0 | | | |
| 15 | 18:00 | Well | #2 | | | | | |
| 16 | 9:30 | Well | #2 | | | | | |
| 17 | 10:00 | Well | #2 | | 16 | 0.101 | 1-00 | |
| 18 | 11:30 | Well | #2. | | 100 | Gal 501 | ution | |
| 19 | | Well | | 1 | 1 | | | |
| 20 | | Well #2 | | 110sec | 1 | | | |
| 21 | | Well #2 | | | 1 | | | |
| 22 | 9:00 | Well #2 | | and the property of the second | | | | |
| 23 | 10:30 | Well#2 | | | | | | |
| 24 | 11:00 | Well #2 | | | | | | |
| 25 | 8:30 | Well #2 | | | | | | |
| 26 | ~~ | Well #2 | | 1/ | 1000 | Solutio | n | |
| 27 | m | Well #2 | | 10582 | 100 | | 7 | |
| 28 | | Well #2 | | 1 | 1 | | 1 | |
| 29 | 10:00 | Well | ¥2 · | | 1 | | Alternative contraction of the second | |
| 30 | 9:30 | Well | | | | | | |
| 31 | | Well | | | | | | |
| Was the | e chlorine resid | iual ever less than the | required minimum | residual of 0.2 mg/L?[] Yes | El No | | | |
| II yes, v | what was the 10 | ongest time period unti t business day | I the required level | was restored?Hours | - If > 4 hours. | Drinking Water Pr | rogram to be | |
| GWS Serving 3,300 or Fewer GWS Serving More Than 3,300 | | | | | | | | |
| | | | | | | | The state of the s | |
| until the residual returned to <u>0.2</u> mg/L as required? Yes No | | | Did continuous monitoring equipment fall at any time this reporting month? Yes Salo Date continuous monitoring equipment falled: | | | | | |
| Attach t | | nd submit them with | If yes, were grab samples collected every to the service as continuous monitoring equipment was returned to service as required? Date it was returned to service. | | | | | |
| | | | Attach grav sam | Attach grad sample results and submit them with this form. | | | | |
| Printed Name: Doug Withervite Title: Manager Operator Certification #: nie | | | | | | | | |
| - | Signature: Drug (22) (1) 11/11/10 Phone # (541) 828-2773 | | | | | | | |
| Date: < | Date: 5 1/01 21 Small Groundwater System | | | | | | | |

October 5, 2016