

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

System Name Troy Resort PWS ID# 41 93931
 Month/Year 5/21 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	9:00	Well #2	1.2	26 gal solution
2	10:30	Well #2	1.2	
3	~~~~~	Well #2	1.2	
4	~~~~~	Well #2	(Closed)	
5	~~~~~	Well #2	(Closed)	
6	9:30	Well #2	1.2	
7	7:00	Well #2	1.2	
8	8:30	Well #2	1.2	
9	10:00	Well #2	1.2	
10	~~~~~	Well #2	1.2	
11	~~~~~	Well #2	(Closed)	
12	~~~~~	Well #2	(Closed)	
13	11:30	Well #2	1.2	
14	8:30	Well #2	1.2	
15	9:30	Well #2	1.2	
16	8:00	Well #2	1.0	
17	~~~~~	Well #2	(Closed)	23 gal solution
18	~~~~~	Well #2	(Closed)	
19	~~~~~	Well #2	(Closed)	
20	10:30	Well #2	1.2	
21	11:30	Well #2	1.2	
22	11:00	Well #2	1.2	
23	9:30	Well #2	1.2	
24	~~~~~	Well #2	(Closed)	
25	~~~~~	Well #2	(Closed)	
26	~~~~~	Well #2	(Closed)	
27	10:30	Well #2	1.2	
28	8:00	Well #2	1.2	
29	10:00	Well #2	1.2	
30	9:30	Well #2	1.2	20 gal Solution
31	~~~~~	Well #2	(Closed)	

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>GWS Serving 3,300 or Fewer</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 type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Doug Witherrite Title: Manager
 Signature: Douglas P. Witherrite Phone #: () _____
 Date: 6/6/21

Operator Certification #: n/a
 Small Groundwater System