

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

System Name Troy Resort

PWS ID# 41 93931

Month/Year 6/21

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		
2		Well #2	Closed	20 gal solution
3	8:30	Well #2	1.2	
4	9:00	Well #2	1.2	
5	10:30	Well #2	1.2	
6	11:00	Well #2	1.2	
7		Well #2		
8		Well #2	(Closed)	
9		Well #2		
10	7:30	Well #2	1.2	
11	9:00	Well #2	1.2	
12	10:30	Well #2	1.2	
13	11:30	Well #2	1.2	
14		Well #2		
15		Well #2	(Closed)	
16		Well #2		
17	11:00	Well #2	1.2	
18	8:30	Well #2	1.2	18 gal solution
19	10:30	Well #2	1.2	
20	9:00	Well #2	1.2	
21		Well #2		
22		Well #2	(Closed)	
23		Well #2		
24	8:30	Well #2	1.2	
25	10:30	Well #2	1.2	
26	9:00	Well #2	1.2	
27	9:30	Well #2	1.2	16.5 gal solution
28		Well #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 - [> 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 15 minutes 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>Date continuous monitoring equipment failed: <u>  /  /  </u></p> <p>Date it was returned to service: <u>  /  /  </u></p>

Printed Name: Doug Withersite Title: Manager  
 Signature: Douglas P. Withersite Phone #: (541) 828-7773  
 Date: 7/9/21

Operator Certification #: n/a  
 Small Groundwater System