

System Name

Troy Resort

PWS ID# 41 93931

Month/Year

8/21

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    | 8:30  | Well #2          | 1.2  | 12.5 gal Solution                 |
| 2    | ~~~~~ | Well #2          | Closed   |                                   |
| 3    | ~~~~~ | Well #2          |  |                                   |
| 4    | ~~~~~ | Well #2          |  |                                   |
| 5    | 10:00 | Well #2          | 1.2  |                                   |
| 6    | 11:30 | Well #2          | 1.2  |                                   |
| 7    | 8:30  | Well #2          | 1.2  |                                   |
| 8    | 7:30  | Well #2          | 1.2  |                                   |
| 9    | ~~~~~ | Well #2          | Closed   |                                   |
| 10   | ~~~~~ | Well #2          |  |                                   |
| 11   | ~~~~~ | Well #2          |  |                                   |
| 12   | 9:30  | Well #2          | 1.2  |                                   |
| 13   | 10:30 | Well #2          | 1.0  |                                   |
| 14   |       | Well #2          | 1.0  | New Solution<br>22.5 gal Solution |
| 15   | 11:00 | Well #2          | 1.2  |                                   |
| 16   | ~~~~~ | Well #2          | Closed   |                                   |
| 17   | ~~~~~ | Well #2          |  |                                   |
| 18   | ~~~~~ | Well #2          |  |                                   |
| 19   | 11:00 | Well #2          | 1.2  |                                   |
| 20   | 11:30 | Well #2          | 1.2  |                                   |
| 21   | 9:00  | Well #2          | 1.2  |                                   |
| 22   | 10:30 | Well #2          | 1.2  |                                   |
| 23   | ~~~~~ | Well #2          | Closed   |                                   |
| 24   | ~~~~~ | Well #2          |  |                                   |
| 25   | ~~~~~ | Well #2          |  |                                   |
| 26   | 9:30  | Well #2          | 1.2  |                                   |
| 27   | 8:00  | Well #2          | 1.2  |                                   |
| 28   | 11:00 | Well #2          | 1.2  |                                   |
| 29   | 10:30 | Well #2          | 1.2  | 19.5 gal Solution                 |
| 30   | ~~~~~ | Well #2          | Closed   |                                   |
| 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>Date continuous monitoring equipment failed: _____/_____/_____</p> <p>Date it was returned to service: _____/_____/_____</p>  |

Printed Name: Doug Withers Title: Manager  
 Signature: Doug Withers Phone #: ( ) \_\_\_\_\_  
 Date: 1/1

Operator Certification #: n/a  
 Small Groundwater System