

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

System Name Troy Resort

PWS ID# 41 93931

Month/Year 11/21

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	<u>AM</u>	Well #2		
2	<u>AM</u>	Well #2	(Closed)	19.5 gal solution
3	<u>AM</u>	Well #2		
4	<u>7:30</u>	Well #2	1.2	
5	<u>9:00</u>	Well #2	1.2	
6	<u>10:30</u>	Well #2	1.2	
7	<u>8:30</u>	Well #2	1.2	
8	<u>AM</u>	Well #2		
9	<u>AM</u>	Well #2	(Closed)	
10	<u>AM</u>	Well #2		
11	<u>9:30</u>	Well #2	1.2	
12	<u>11:30</u>	Well #2	1.2	16 gal solution
13	<u>10:30</u>	Well #2	1.2	
14	<u>10:00</u>	Well #2	1.2	
15	<u>AM</u>	Well #2	(Closed)	
16	<u>AM</u>	Well #2		
17	<u>AM</u>	Well #2		
18	<u>7:00</u>	Well #2	1.2	
19	<u>8:30</u>	Well #2	1.2	
20	<u>9:00</u>	Well #2	1.2	
21	<u>11:00</u>	Well #2	1.2	
22	<u>AM</u>	Well #2		
23	<u>AM</u>	Well #2	(Closed)	
24	<u>AM</u>	Well #2		
25	<u>11:30</u>	Well #2	1.2	14.5 gal solution
26	<u>9:00</u>	Well #2	1.2	
27	<u>7:30</u>	Well #2	1.2	
28	<u>8:00</u>	Well #2	1.2	
29	<u>AM</u>	Well #2	(Closed)	
30	<u>AM</u>	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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as required? Yes No
 Attach those results and submit them with this form.

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? Yes No
 Date continuous monitoring equipment failed: _____
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Date it was returned to service: _____
 Attach grab sample results and submit them with this form.

Printed Name: Doug Withersite
 Signature: Douglas P Withersite
 Date: 12/7/21

Title: Manager
 Phone #: 541 828-7773

Operator Certification #: n/a
 Small Groundwater System