

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

System Name Troy Resort - Wenaha Bar & Grill

PWS ID# 41 93931

Month/Year 8/23 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	(closed)	21 gal solution
2	<u>am</u>	Well #2		
3	<u>8:00</u>	Well #2	0.8	
4	<u>11:00</u>	Well #2	0.8	
5	<u>9:30</u>	Well #2	0.8	
6	<u>10:30</u>	Well #2	0.8	
7	<u>am</u>	Well #2	(closed)	
8	<u>am</u>	Well #2	(closed)	
9	<u>am</u>	Well #2	(closed)	
10	<u>9:30</u>	Well #2	0.8	
11	<u>8:30</u>	Well #2	0.8	
12	<u>10:00</u>	Well #2	0.8	
13	<u>11:00</u>	Well #2	0.8	
14	<u>am</u>	Well #2	(closed)	
15	<u>am</u>	Well #2	(closed)	
16	<u>am</u>	Well #2	(closed)	
17	<u>9:30</u>	Well #2	0.8	15 gal solution
18	<u>10:30</u>	Well #2	0.8	
19	<u>9:30</u>	Well #2	0.8	
20	<u>7:30</u>	Well #2	0.8	
21	<u>am</u>	Well #2	(closed)	
22	<u>am</u>	Well #2	(closed)	
23	<u>am</u>	Well #2	(closed)	
24	<u>10:00</u>	Well #2	0.8	
25	<u>11:30</u>	Well #2	0.8	
26	<u>10:00</u>	Well #2	0.8	
27	<u>8:30</u>	Well #2	0.8	
28	<u>am</u>	Well #2	(closed)	
29	<u>am</u>	Well #2	(closed)	
30	<u>am</u>	Well #2	(closed)	
31	<u>7:30</u>	Well #2	0.8	13 gal solution

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 ___ 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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: Doug Witherside Title: Manager
Signature: Douglas P. Witherside Phone #: (541) 828-7723
Date: 9/1/23

Operator Certification #: _____

Small Groundwater System