

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

System Name Troy Resort – Wenaha Bar & Grill PWS ID# 4 1 93931
 Month/Year 9 123 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	Am Well #2	0.8	13 gal solution
2	7:30	Well #2	0.8	
3	8:30	Well #2	0.8	
4	~~~~~	Well #2	(closed)	
5	~~~~~	Well #2		
6	~~~~~	Well #2		
7	10:00	Well #2	0.8	
8	11:30	Well #2	0.8	
9	10:00	Well #2	0.8	
10	8:30	Well #2	0.8	
11	~~~~~	Well #2	(closed)	
12	~~~~~	Well #2		
13	~~~~~	Well #2		
14	9:00	Well #2	0.8	
15	7:30	Well #2	0.8	
16	9:30	Well #2	0.8	
17	10:00	Well #2	0.8	
18	~~~~~	Well #2	(closed)	
19	~~~~~	Well #2		
20	~~~~~	Well #2		
21	11:00	Well #2	0.8	
22	8:30	Well #2	0.8	17 gal solution
23	9:00	Well #2	0.8	
24	10:30	Well #2	0.8	
25	~~~~~	Well #2	(closed)	
26	~~~~~	Well #2		
27	~~~~~	Well #2		
28	11:00	Well #2	0.8	
29	11:30	Well #2	0.8	Add solution Back to 24gal
30	8:30	Well #2	0.8	
31	10:30	Well #2	0.8	

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 ___ 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>
	<p>Date continuous monitoring equipment failed: ___/___/___</p> <p>Date it was returned to service: ___/___/___</p>

Printed Name: Doug Witherrite Title: Manager Operator Certification #: _____
 Signature: Douglas P. Witherrite Phone #: (541) 828-7773 GP
 Date: 10/12/23 Small Groundwater System