

**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 10/23 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	7:00	Well #2	0.8	24 gal solution
2	~~~~~	Well #2	closed	
3	~~~~~	Well #2		
4	~~~~~	Well #2		
5	8:30	Well #2		0.8
6	10:30	Well #2	0.8	
7	11:30	Well #2	0.8	
8	10:00	Well #2	0.8	
9	~~~~~	Well #2	closed	
10	~~~~~	Well #2		
11	~~~~~	Well #2		
12	9:30	Well #2		0.8
13	7:30	Well #2	0.8	
14	8:00	Well #2	0.8	
15	10:00	Well #2	0.8	19 gal solution
16	~~~~~	Well #2	closed	
17	~~~~~	Well #2		
18	~~~~~	Well #2		
19	8:00	Well #2		0.8
20	9:30	Well #2	0.8	
21	10:30	Well #2	0.8	
22	11:00	Well #2	0.8	
23	~~~~~	Well #2	closed	
24	~~~~~	Well #2		
25	~~~~~	Well #2		
26	~~~~~	Well #2		
27	10:30	Well #2	0.8	
28	11:00	Well #2	0.8	14 gal solution
29	8:30	Well #2	0.8	
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>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>
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Printed Name: Doug Witherite Title: Manager Operator Certification #: _____
 Signature: Doug Witherite Phone #: (541) 528-7773 _____
 Date: 11/19/23 Small Groundwater System