

**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 3 24 Entry Point: EP-B for Well #2 Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use <i>am</i>	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:00	Well #2	0.1	Startup with
2	8:30	Well #2	0.1	
3	11:00	Well #2	0.8	25 gal Solution
4	~~~~~	Well #2	0.8	
5	~~~~~	Well #2	Closed	
6	~~~~~	Well #2		
7	10:30	Well #2	0.8	
8	8:00	Well #2	0.8	
9	9:30	Well #2	0.8	
10	10:30	Well #2	0.8	
11	~~~~~	Well #2	Closed	
12	~~~~~	Well #2		
13	~~~~~	Well #2		
14	11:00	Well #2	0.8	
15	9:30	Well #2	0.8	
16	7:30	Well #2	0.1	2 1/2 gal solution
17	8:00	Well #2	0.1	
18	~~~~~	Well #2	Closed	
19	~~~~~	Well #2		
20	~~~~~	Well #2		
21	10:00	Well #2	0.8	
22	8:30	Well #2	0.8	
23	10:30	Well #2	0.8	
24	11:00	Well #2	0.8	
25	~~~~~	Well #2	Closed	
26	~~~~~	Well #2		
27	~~~~~	Well #2		
28	8:30	Well #2	0.8	
29	10:30	Well #2	0.8	19 gal solution
30	11:00	Well #2	0.8	
31	11:30	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
 Date: 4/8/24 Small Groundwater System