

**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 8 24 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	Well #2	0.8	
2	11:00	Well #2	0.8	24 gal Solution
3	10:30	Well #2	0.8	
4	9:30	Well #2	0.8	
5	~~~~~	Well #2	closed	
6	~~~~~	Well #2		
7	~~~~~	Well #2		
8	11:00	Well #2	0.8	
9	10:30	Well #2	0.8	
10	9:30	Well #2	0.8	
11	8:00	Well #2	0.8	
12	~~~~~	Well #2	closed	
13	~~~~~	Well #2		
14	~~~~~	Well #2		
15	10:00	Well #2	0.8	
16	8:00	Well #2	0.8	19 gal Solution
17	7:30	Well #2	0.8	
18	9:30	Well #2	0.8	
19	~~~~~	Well #2	closed	
20	~~~~~	Well #2		
21	~~~~~	Well #2		
22	10:00	Well #2	0.8	
23	11:30	Well #2	0.8	
24	10:30	Well #2	0.8	
25	8:30	Well #2	closed	
26	~~~~~	Well #2		
27	~~~~~	Well #2		
28	~~~~~	Well #2	closed	
29	7:00	Well #2		
30	8:30	Well #2		
31	10:30	Well #2	0.8	14 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
 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 Withavrite Title: manager
 Signature: Doug Withavrite Phone #: (541) 828-7773
 Date: 9/13/24

Operator Certification #: _____
 Small Groundwater System