

**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 9 124 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	14 gal Solution
2	~~~~~	Well #2	Closed	
3	~~~~~	Well #2		
4	~~~~~	Well #2		
5	8:30	Well #2		0.8
6	11:00	Well #2	0.8	
7	10:30	Well #2	0.8	
8	9:30	Well #2	0.8	
9	~~~~~	Well #2	Closed	
10	~~~~~	Well #2		
11	~~~~~	Well #2		
12	11:00	Well #2	0.8	
13	10:30	Well #2	0.8	
14	9:30	Well #2	0.8	
15	8:00	Well #2	0.8	
16	~~~~~	Well #2	Closed	9 gal Solution
17	~~~~~	Well #2		
18	~~~~~	Well #2		
19	10:00	Well #2	0.8	
20	8:06	Well #2	0.8	
21	7:30	Well #2	0.8	
22	9:30	Well #2	0.8	
23	~~~~~	Well #2	Closed	
24	~~~~~	Well #2		
25	~~~~~	Well #2		
26	10:00	Well #2	0.8	
27	11:30	Well #2	0.8	
28	10:30	Well #2	0.8	
29	8:30	Well #2	0.8	Add Solution to 24 gal
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: \_\_\_\_\_ Phone #: (541) 828-7773 OR  
 Date: 10/10/24 Small Groundwater System