

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

System Name Troy Resort

PWS ID# 41 93931

Month/Year 10/24

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 |
|------|-------|------------------|--|-----------------|
| | AM | | | |
| 1 | ~~~~~ | Well #2 | | |
| 2 | ~~~~~ | Well #2 | (closed) | |
| 3 | 8:30 | Well #2 | 0.8 | 24 gal solution |
| 4 | 10:30 | Well #2 | 0.8 | |
| 5 | 11:30 | Well #2 | 0.8 | |
| 6 | 10:00 | Well #2 | 0.8 | |
| 7 | ~~~~~ | Well #2 | | |
| 8 | ~~~~~ | Well #2 | (closed) | |
| 9 | ~~~~~ | Well #2 | | |
| 10 | 9:30 | Well #2 | 0.8 | |
| 11 | 7:30 | Well #2 | 0.8 | |
| 12 | 8:00 | Well #2 | 0.8 | |
| 13 | 10:30 | Well #2 | 0.8 | |
| 14 | ~~~~~ | Well #2 | | |
| 15 | ~~~~~ | Well #2 | (closed) | |
| 16 | ~~~~~ | Well #2 | | |
| 17 | 8:00 | Well #2 | 0.8 | |
| 18 | 9:30 | Well #2 | 0.8 | |
| 19 | 10:30 | Well #2 | 0.8 | 10 gal solution |
| 20 | 11:00 | Well #2 | 0.8 | |
| 21 | ~~~~~ | Well #2 | | |
| 22 | ~~~~~ | Well #2 | (closed) | |
| 23 | ~~~~~ | Well #2 | | |
| 24 | 9:30 | Well #2 | 0.8 | |
| 25 | 10:30 | Well #2 | 0.8 | |
| 26 | 11:00 | Well #2 | 0.8 | |
| 27 | 8:30 | Well #2 | 0.8 | |
| 28 | ~~~~~ | Well #2 | | |
| 29 | ~~~~~ | Well #2 | (closed) | |
| 30 | ~~~~~ | Well #2 | | |
| 31 | 7:00 | 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.

| | |
|---|--|
| <p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to 0.2 mg/L as required? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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: Douglas P.W. Therrell Title: Manager
 Signature: Douglas P.W. Therrell Phone #: () _____
 Date: 11/30/24

Operator Certification #: n/a
 Small Groundwater System