

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

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☒ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: Douglas P. Witherrite

Signature: Douglas P. Witherrite

Date: 6/9/25

Title: _____

Phone #: (____) _____

Operator Certification #: _____

Small Groundwater System ☐

March 22, 2023