State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System NameTroy Resort – Wenaha Bar & Grill PWS ID# 4 1 93931						
Month/Year 6 / 25 Entry Point: EP-B for Well #2 Required Minimum Residual 0.2 mg/L						
Date	Time	Am Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/l		
1	10:00	Well	#2		15 gal Solution	
2		Well #2			1	
3	m	Well #2		Closed		
4		Well #2				
5	7:30	Well #2				
6	9:30	Well #2				
7	10:30	Well #2				
8	11:00	Well #2				
9		Well #2				
10	~~	Well #2		(1056)		
11	mm	Well #2				
12	8:00	Well #2				
13	10:30	Well #2			13 gal solution	
14	8:00	Well #2				
15	9:30	Well #2				
16		Well #2				
17	~~	Well #2		Closed		
18	1/1/2	Well #2			/	
19	11:30	Well #2			ADD Solution	
20	10:00	Well #2			up to 28 gal	
21	9,30	Well #2)	
22	7:30	Well #2		/.		
23	~~	Well #2			1	
24		Well #2		Closec		
25 26	0120	Well #2		V		
27	8:30	Well #2				
28	7:00	Well #2 Well #2				
29	000	Well #2			25) / 2. / /	
30	4:30	Well #2		ration 1	(21) gal solution	
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.						
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,300		
until the residual returned to mg/L as reporting month?				24		
If yes, were gran				samples collected every in-		
Attach those results and submit them with this form.			continuous monitoring equipment was returned to service as Date it was returned to required?			
			Attach grab sample results and submit them with this form.			
Printed Name: Doug as P. Withoute Title: Maragla Operator Certification #:						
Signature: Drugh P. William Phone #: (54/8/18-7273)						
Date:	Date: 7 1 10 1 2 5 Small Groundwater System					