

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

System Name Troy Resort PWS ID# 41 93931
 Month/Year 7-25 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
1		Well #2		
2		Well #2		
3	7:00	Well #2	closed	
4	8:30	Well #2	0.8	27 gal Solution
5	10:30	Well #2	0.8	
6	11:30	Well #2	0.8	
7		Well #2	0.8	
8		Well #2		
9		Well #2	closed	
10	9:30	Well #2	0.8	
11	7:30	Well #2	0.8	
12	8:00	Well #2	0.8	
13	10:00	Well #2	0.8	
14		Well #2		
15		Well #2	closed	
16		Well #2		
17	8:00	Well #2	0.8	20 gal Solution
18	9:30	Well #2	0.8	
19	10:30	Well #2	0.8	
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	7:30	Well #2	0.8	17 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 0.2 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: Doug Witherite
 Signature: Doug Witherite
 Date: 8/8/25

Title: Manager
 Phone #: (541) 828-7773

Operator Certification #: n/a

Small Groundwater System