

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

System Name	Troy Resort		
Month/Year	9/25		PWS ID# 41 93931
Entry Point	EP-B for Well #2		Required Minimum Residual <u>0.2</u> mg/L
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)
1		Well #2	
2		Well #2	
3		Well #2	
4	7:30	Well #2	0.6
5	8:30	Well #2	0.8
6	11:00	Well #2	0.8
7	10:30	Well #2	0.8
8		Well #2	
9		Well #2	
10		Well #2	
11	9:30	Well #2	0.8
12	11:00	Well #2	0.8
13	10:30	Well #2	0.8
14	9:30	Well #2	0.8
15		Well #2	
16		Well #2	
17		Well #2	
18	8:00	Well #2	0.8
19	10:00	Well #2	0.8
20	8:00	Well #2	0.8
21	7:30	Well #2	0.8
22		Well #2	
23		Well #2	
24		Well #2	
25	9:30	Well #2	0.8
26	11:30	Well #2	0.8
27	10:30	Well #2	0.8
28	7:00	Well #2	0.8
29		Well #2	
30		Well #2	
31	0	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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u>0.2</u> 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>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 10 minutes 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>
<p>Printed Name: <u>Doug Wetherbee</u></p> <p>Signature: <u>Douglas P. Wetherbee</u></p> <p>Date: <u>10/16/125</u></p>	<p>Title: <u>Manager</u></p> <p>Phone #: <u>(541) 828-7773</u></p> <p>Operator Certification #: <u>n/a</u></p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>