

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

System Name Troy Resort PWS ID# 41 93931  
 Month/Year 9/25 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		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		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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>Printed Name: <u>Doug Witherrite</u></p> <p>Signature: <u>Douglas P. Witherrite</u></p> <p>Date: <u>10/6/25</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 align="center">Small Groundwater System</p>