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

System	n Name	Troy Resort		PV	VS ID# 41	03031		
Month/	Year 5	12 Entry Po	oint <u>EP-B for V</u>				al <u>0.2</u> mg/L	
Date	Time	Source(s		distribution system (mg/L)		· Notes		
1	9:00	Well #2		1.2	126	gal s	Soution	
2	10:30	Well #2		1,2		9	5000 101	
3	1	Well #2		1 2	1			
4	m	Well #2		10000	1			
5		Well #2			1			
6	9:30	Well #2		117				
7	17:00	Well #2		1.2				
8	8:30	Well	#2	1,2				
9 .	10:00	Well	#2	1.1				
10	-	Well	#2	1	1			
11	-	Well	#2	MASON	1			
.12		Well	THE RESIDENCE OF THE PARTY OF T	1 COSCC	-			
13	11:30	Well		1/12	4			
14	8:30	Weil	, , , , , , , , , , , , , , , , , , ,	1 5				
15	9:30	Well	Historia matricio con decembra a servicio de conservacione de conservacion	166				
16	8:00	Well	-	110				
17	- m	Well	THE COLUMN TWO IS NOT THE OWNER, THE PARTY OF THE OWNER, THE PARTY OF THE OWNER, THE OWN	100	-			
18	m	Well #2		101	123	991	Solutio	
19		Charles and the contract of the second and the seco		Liosec)		
20	10:30	Well #2		1	/			
21	11:30	Well #2		1-1-			-	
22		Well #2		116				
23	11:00	Well #2		116				
24	9,30	Well#2		1,2				
25	-	Well #2		1				
Part of the Property of the part of the pa		Well #2		Closed				
26 27	3/017/0	Well #2		1				
28	10:30	Well #2		1.2				
29	10:00	Well #2		1.60				
30	9.30	Well:	Marie Strategies and Control of the	112				
material de la constantina della constantina del	9.30	Well	Mindage Committee Committe	1.2	120	oral Sc	Julian	
Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No								
. Yvas the	e chlorine resid	lual ever less than the	required minimum	residual of 0.2 mg/L? Yes	□No			
H yes, v	Minai was the lo	ingest time period unti t business dav.	I the required level	was restored? Hours	- If > 4 hours.	Drinking Wat	er Program to be	
GW	S Serving 3	,300 or Fewer		GWS Serving Me	ore Than 2	200		
		every four hours	Did confinuous	Manifestation annimated at a second	ore rindle de			
until the required	e residual retun	ned to 0.2 mg/L as	reporting month?	ous mentioring equipment fail at any time this continuous monitoring equipment failed;				
If yes, were grat				samples collected every to a	tours until the			
this form	แบงชางจนเเช่ _เ ลีย Ti.	ing ouding them with	continuous monit	continuous monitoring equipment was returned to service as Date it was returned to required?				
						Senice:		
Attach grab sample results and submit them with this form.								
	Frinted Name: Doug Withow Title: Manager Operator Certification # 1/2 Signature: Douglas P. Lettern Phone # ()							
			Phone	B# (OR		
Date: 4	5161	4			oma	I Groundwate	System	
					AND THE RESIDENCE OF THE PARTY	CONTRACTOR DESCRIPTION OF THE PARTY OF THE	NAME AND ADDRESS OF THE OWNER, WHEN PARTY AND AD	

October 5, 2016