

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

System Name Flying K Trailer Ranch PWS ID# 41 00455  
 Month/Year 08/2021 Entry Point: EP-B for wells #2 & #3 Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:00	well 2 + 3	.6	
2	11:00	well 2 + 3	.4	
3	10:00	well 2 + 3	.4	
4	10:30	well 2 + 3	.6	
5	3:30	well 2 + 3	.4	
6	2:10	well 2 + 3	.4	
7	4:00	well 2 + 3	.6	
8	10:00	well 2 + 3	.6	
9	10:15	well 2 + 3	.4	
10	10:30	well 2 + 3	.6	
11	9:45	well 2 + 3	.6	
12	9:30	well 2 + 3	.4	
13	1:15	well 2 + 3	.6	
14	12:45	well 2 + 3	.6	
15	10:45	well 2 + 3	.6	
16	9:30	well 2 + 3	.6	
17	9:45	well 2 + 3	.4	
18	10:30	well 2 + 3	.6	
19	9:15	well 2 + 3	.6	
20	11:45	well 2 + 3	.6	
21	12:00	well 2 + 3	.6	
22	12:00	well 2 + 3	.6	
23	9:15	well 2 + 3	.6	
24	9:15	well 2 + 3	.6	
25	5:30	well 2 + 3	.6	
26	5:30	well 2 + 3	.6	
27	2:30	well 2 + 3	.6	
28	1:15	well 2 + 3	.6	
29	9:00	well 2 + 3	.6	
30	11:00	well 2 + 3	.6	
31	9:00	well 2 + 3	.6	

Was the chlorine residual ever less than the required minimum residual of 0.4 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 0.4 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach these 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 type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Randy Chandler Title: Caretaker Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: ( ) \_\_\_\_\_  
 Date: 8/31/2021 **OR 6ESAC #4328**  
 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dnce@state.or.us](mailto:dwp.dnce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.