

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

System Name Flying K Trailer Ranch PWS ID# 4 1 00455  
 Month/Year 9/2021 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	10:00	wells 2 + 3	.6	
2	9:30	wells 2 + 3	.6	
3	10:00	wells 2 + 3	.6	
4	12:00	wells 2 + 3	.6	
5	9:30	wells 2 + 3	.6	
6	10:00	wells 2 + 3	.6	
7	9:45	wells 2 + 3	.6	
8	9:00	wells 2 + 3	.6	
9	10:45	wells 2 + 3	.6	
10	9:45	wells 2 + 3	.6	
11	10:30	wells 2 + 3	.6	
12	9:45	wells 2 + 3	.6	
13	10:10	wells 2 + 3	.6	
14	9:40	wells 2 + 3	.6	
15	<del>9:40</del>	wells 2 + 3	.6	
16	5:40	wells 2 + 3	.6	
17	11:30	wells 2 + 3	.6	
18	10:00	wells 2 + 3	.6	
19	11:00	wells 2 + 3	.6	
20	9:00	wells 2 + 3	.6	
21	9:30	wells 2 + 3	.6	
22	9:10	wells 2 + 3	.6	
23	9:15	wells 2 + 3	.6	
24	10:15	wells 2 + 3	.6	
25	11:15	wells 2 + 3	.6	
26	11:00	wells 2 + 3	.6	
27	10:00	wells 2 + 3	.6	
28	9:30	wells 2 + 3	.6	
29	10:00	wells 2 + 3	.6	
30	2:35	wells 2 + 3	.6	
31				

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 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 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>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: Randy Chandler Title: Care taker Operator Certification #: 4328  
 Signature: Randy Chandler Phone #: (541) 786-1519 OR  
 Date: 10/1/2021 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.