

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 11/2021 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	8:30	wells 2+3	.6	
2	9:30	wells 2+3	.6	
3	10:40	wells 2+3	.6	
4	11:00	wells 2+3	.6	
5	2:00	wells 2+3	.6	
6	4:15	wells 2+3	.6	
7	7:30	wells 2+3	.6	
8	11:00	wells 2+3	.6	
9	10:00	wells 2+3	.6	
10	11:00	wells 2+3	.6	
11	12:45	wells 2+3	.6	
12	1:30	wells 2+3	.6	
13	1:35	wells 2+3	.6	
14	4:00	wells 2+3	.6	
15	11:15	wells 2+3	.6	
16	10:15	wells 2+3	.6	
17	10:00	wells 2+3	.6	
18	1:00	wells 2+3	.6	
19	12:00	wells 2+3	.6	
20	11:35	wells 2+3	.6	
21	11:45	wells 2+3	.6	
22	11:00	wells 2+3	.6	
23	1:15	wells 2+3	.6	
24	3:15	wells 2+3	.6	
25	1:15	wells 2+3	.6	
26	3:15	wells 2+3	.6	
27	3:30	wells 2+3	.6	
28	12:00	wells 2+3	.6	
29	1:00	wells 2+3	.6	
30	11:20	wells 2+3	.6	
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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.

**GWS Serving 3,300 or Fewer**

if yes, did you monitor every four hours until the residual returned to 0.4 mg/L as required?  Yes  No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

Date continuous monitoring equipment failed: / /

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Date it was returned to service: / /

Attach grab sample results and submit them with this form.

Printed Name: Randy Chandler

Title: caretaker

Operator Certification #:

Signature: *Randy Chandler*

Phone #: (541) 786-1529

OR

Date: 11/30/2021

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.