

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 12/2021 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	11:00	2nd + 3rd well	.6	
2	10:50	2nd + 3rd well	.6	
3	9:50	2nd + 3rd well	.6	
4	2:00	2nd + 3rd well	.6	
5	4:00	2nd + 3rd well	.6	
6	1:30	2nd + 3rd well	.6	
7	2:30	2nd + 3rd well	.6	
8	9:15	2nd + 3rd well	.4	
9	10:30	2nd + 3rd well	.6	
10	4:30	2nd + 3rd well	.8	
11	11:00	2nd + 3rd well	.6	
12	10:45	2nd + 3rd well	.4	
13	12:15	2nd + 3rd well	.4	
14	10:30	2nd + 3rd well	.6	
15	10:30	2nd + 3rd well	.6	
16	10:00	2nd + 3rd well	.6	
17	12:30	2nd + 3rd well	.6	
18	2:00	2nd + 3rd well	.6	
19	11:00	2nd + 3rd well	.6	
20	10:10	2nd + 3rd well	.6	
21	1:30	2nd + 3rd well	.6	
22	1:00	2nd + 3rd well	.6	
23	12:15	2nd + 3rd well	.6	
24	10:15	2nd + 3rd well	.8	
25	11:50	2nd + 3rd well	.8	
26	12:00	2nd + 3rd well	.8	
27	10:40	2nd + 3rd well	.6	
28	2:50	2nd + 3rd well	.6	
29	9:00	2nd + 3rd well	.6	
30	9:10	2nd + 3rd well	.8	
31	3:30	2nd + 3rd well	.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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>
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Printed Name: Randy Chandler Title: operator Operator Certification #: _____
 Signature: Randy Chandler Phone #: (541) 286-1519 OR
 Date: 11/5/2022 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.