

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 01 / 2022 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	11:30	wells 2 & 3	.6	
2	3:30	wells 2 & 3	.6	
3	1:30	wells 2 & 3	.6	
4	10:45	wells 2 & 3	.4	
5	2:00	wells 2 & 3	.4	
6	11:15	wells 2 & 3	.6	
7	9:30	wells 2 & 3	.6	
8	1:10	wells 2 & 3	.6	
9	1:15	wells 2 & 3	.6	
10	6:35	wells 2 & 3	.6	
11	10:45	wells 2 & 3	.6	
12	11:10	wells 2 & 3	.6	
13	11:30	wells 2 & 3	.6	
14	2:15	wells 2 & 3	.4	
15	2:00	wells 2 & 3	.4	
16	1:30	wells 2 & 3	.4	
17	2:00	wells 2 & 3	.6	
18	1:10	wells 2 & 3	.6	
19	10:10	wells 2 & 3	.6	
20	10:45	wells 2 & 3	.6	
21	10:45	wells 2 & 3	.6	
22	10:00	wells 2 & 3	.6	
23	10:00	wells 2 & 3	.6	
24	1:35	wells 2 & 3	.6	
25	10:45	wells 2 & 3	.6	
26	11:15	wells 2 & 3	.6	
27	10:15	wells 2 & 3	.6	
28	9:45	wells 2 & 3	.6	
29	11:00	wells 2 & 3	.6	
30	1:15	wells 2 & 3	.6	
31	9:30	wells 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>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>
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Printed Name: Randy Chandler Title: Caretaker Operator Certification #: _____
 Signature: Randy Chandler Phone #: (541) 786-1519 OR
 Date: 2/2/2022 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.