

### 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 2/2022 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	2:00	wells 2 & 3	.6	
2	2:30		.6	
3	1:00		.6	
4	2:00		.6	
5	1:30		.8	
6	2:00		.6	
7	2:30		.6	
8	3:00		.6	
9	2:30		.6	
10	10:30		.6	
11	10:00		.6	
12	11:20		.6	
13	10:40		.6	
14	1:00		.8	
15	1:30		.8	
16	2:10		.6	
17	12:00		.6	
18	2:30		.8	
19	1:30		.8	
20	11:30		.6	
21	3:30		.6	
22	4:00		.6	
23	2:30		.6	
24	10:15		.6	
25	1:00		.6	
26	11:00		.6	
27	11:30		.6	
28	11:30	wells 2 & 3	.6	
29				
30				
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>
<p>Printed Name: <u>Randy Chandler</u></p> <p>Signature: <u>Randy Chandler</u></p> <p>Date: <u>3/2/2022</u></p>	<p>Title: <u>caretaker</u></p> <p>Phone #: <u>(541) 736-1519</u></p>
<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>	

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