

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 4/2022 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	11:00	well 2+3	.6	
2	1:30		.6	
3	11:45		.6	
4	10:50		.6	
5	11:30		.6	
6	1:10		.6	
7	10:45		.6	
8	10:30		.6	
9	12:00		.6	
10	3:00		.6	
11	2:30		.6	
12	1:45		.6	
13	3:40		.6	
14	1:15		.6	
15	2:30		.6	
16	1:55		.8	
17	11:30		.8	
18	3:00		.6	
19	11:00		.6	
20	11:00		.6	
21	2:15		.6	
22	11:00		.6	
23	2:30		.8	
24	2:15		.6	
25	10:00		.6	
26	11:00		.6	
27	6:15		.6	
28	1:30		.6	
29	11:45		.6	
30	11:40	well 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>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: owner Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 726-1519 OR
 Date: 4/11/2022 Small Groundwater System

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