

### 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 5 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	11:40	well 2 + 3	.6	
2	1:30		.6	
3	1:00		.6	
4	1:15		.6	
5	12:30		.6	
6	10:30		.6	
7	11:00		.6	
8	10:45		.6	
9	10:55		.6	
10	11:30		.6	
11	3:00		.6	
12	4:00		.6	
13	12:15		.6	
14	1:30		.6	
15	11:00		.6	
16	2:00		.6	
17	12:30		.6	
18	11:00		.6	
19	2:15		.6	
20	12:00		.8	
21	10:00		.8	
22	1:20		.8	
23	2:15		.8	
24	11:00		.8	
25	10:45		.8	
26	10:10		.8	
27	12:20		.8	
28	1:30		.8	
29	11:00		.8	
30	11:15		.8	
31	1:00	well 2 + 3	.8	

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>
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Printed Name: Randy Chaveler Title: owner Operator Certification #: \_\_\_\_\_  
 Signature: Randy Chaveler Phone #: (541) 736-1519 OR  
 Date: 6/1/2022 Small Groundwater System

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