Linda Hansen Prop. mgt. 5416245656 State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name Flying K Trailer Ranch						
Month/Year <u>もんさ</u> つ Entry Point: EP-B				PWS ID# 4.1 00455		
4	7		OHIL EF-B 101	•	equired Minimum Residual 0.4 mg/L	
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point to		
1				distribution system (mg/l	Notes	
2	11:00	urll 2 4	J	, 8'		
3	10:00	1		. 8		
4	10:15			- 8.		
5	11:00			8		
6 7	10:30			18		
-8	12:15	 		, 8		
9	12:45			-8		
10	10:45			,3		
11	11.30			.8		
12	2:10			.8		
13	10:30			16		
14 .	10:15			río		
15 · 16	2:00			26		
17	1130			8,		
18	11:15			, 3°		
19	1:30	· · · · · · · · · · · · · · · · · · ·		. 8	-	
20	11:00			0:		
21	10:30		\.	18		
22	2:00			. 8		
23	2500 3/00		1	8-,		
25	2:30			1-, 0		
26	10:40			.60		
27	10:40		_	- 6		
28	1:30		1	. ls		
29	10.00		`.	. ,6		
30	10:00	wall 243	3	16		
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						
GMS Coming 2 200						
		or every four hours	GWS Serving More Than 3,300			
until the residual returned to 0.4 mg/L as			Did continuous monitoring equipment fail at any time this reporting month? Yes No.			
required	required? Yes No			sequipitient failed.		
Attach those results and submit them with			If yes, were grab samples collected every four hours until the // / continuous monitoring equipment was returned to service as Date it was returned to			
this form.			required? Tes No services			
Attacheral				nple results and submit them	with this form.	
Printed Na	ame: Ros	rdy Chandler		Caretaker		
· · · · · · · · · · · · · · · · · · ·					Operator Certification #:	
Date:	The state of the s	2021	Phor	ne#(541) 786-157	OR	
Cmail O I a second						
Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694:						