

State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name Flying K Trailer Ranch

PWS ID# 41 00455

Month/Year 8 1 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	8:40	wells 2 + 3	.6	
2	9:50		.6	
3	10:00		.6	
4	10:30		.6	
5	10:45		.6	
6	2:45		.6	
7	3:10		.6	
8	2:00		.6	
9	11:00		.6	
10	10:30		.6	
11	10:30		.6	
12	12:00		.6	
13	12:45		.6	
14	3:00		.6	
15	2:00		.6	
16	10:45		.6	
17	2:45		.6	
18	4:30		.6	
19	12:55		.6	
20	11:05		.6	
21	10:40		.8	
22	3:50		.8	
23	5:30		.8	
24	1:50		.8	
25	6:00		.8	
26	1:50		.6	
27	2:00		.6	
28	1:00		.6	
29	4:00		.6	
30	1:40		.6	
31	12:00		.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>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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</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: Randy Chandler Phone #: (541) 786-1519 OR
 Date: 8/1/2022 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.