

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 9 12 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	1:40	wells 2 + 3	.8	
2	12:00		.8	
3	12:40		.8	
4	9:30		.8	
5	9:00		.8	
6	1:50		.8	
7	1:50		.8	
8	3:00		.6	
9	11:20		.6	
10	2:00		.6	
11	4:10		.6	
12	4:15		.6	
13	1:40		.6	
14	2:30		.8	
15	5:45		.8	
16	1:45		.8	
17	11:10		.8	
18	11:30		.8	
19	1:15		.8	
20	1:00		.8	
21	4:00		.8	
22	12:00		.8	
23	3:05		.8	
24	10:30		.8	
25	4:05		.8	
26	1:30		.8	
27	6:30		.8	
28	5:00		.8	
29	3:00		.8	
30	4:00		.6	
31			.6	

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: Caretaker Operator Certification #: _____
 Signature: Randy Chandler Phone #: (541) 786-1519 OR
 Date: 9/30/2022 Small Groundwater System

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