

### 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 11/2022 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	3:30	well 2 and 3	.8	
2	4:25		.8	
3	4:25		.8	
4	11:30		.8	
5	12:00		.8	
6	3:00		.8	
7	4:00		.8	
8	11:00		.8	
9	11:30		.8	
10	11:45		.8	
11	2:45		.8	
12	10:20		.8	
13	11:35		.8	
14	3:10		.8	
15	10:30		.8	
16	10:00		.8	
17	3:00		.8	
18	10:30		.8	
19	2:00		.8	
20	1:30		.8	
21	10:05		.8	
22	12:15		.8	
23	10:15		.8	
24	10:00		1.2	
25	12:30		1.2	
26	10:35		1.2	
27	11:30		1.2	
28	11:00		1.2	
29	1:00		1.2	
30	11:30		1.6	
31		1.6		

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><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: Joni Chandler Title: caretaker Operator Certification #: \_\_\_\_\_  
 Signature: Joni Chandler Phone #: (541) 786-5405 OR  
 Date: 12/11/2022 Small Groundwater System

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