

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 1 / 2023

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	11:20	Well 2+3	.6	
2	11:20		.6	
3	11:00		.8	
4	10:20		.8	
5	10:10		.8	
6	10:20		.8	
7	11:20		.8	
8	11:30		.8	
9	12:00		.8	
10	12:15		.8	
11	12:30		.8	
12	1:30		.8	
13	1:10		.8	
14	1:10		.8	
15	2:15		.8	
16	1:15		.8	
17	11:15		.8	
18	1:40		.8	
19	1:50		.8	
20	3:15		.8	
21	10:20		.6	
22	3:00		.6	
23	11:00		.6	
24	12:20		.6	
25	10:30		.6	
26	10:20		.6	
27	9:40		.6	
28	10:55		.6	
29	12:30		.6	
30	1:45		.6	
31	11:10		.6	

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FEB 07 2023

Certification
Drinking Water Services

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.

GWS Serving 3,300 or Fewer
If yes, did you monitor every four hours until the residual returned to 0.4 mg/L as required? Yes No
Attach those results and submit them with this form.

GWS Serving More Than 3,300
Did continuous monitoring equipment fail at any time this reporting month? Yes No
Date continuous monitoring equipment failed: / /
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
Date it was returned to service: / /
Attach grab sample results and submit them with this form.

Printed Name: Joni Chandler
Signature: Joni Chandler
Date: 21 / 1 / 2023

Title: Caretaker
Phone #: (541) 786-5405

Operator Certification #: _____
CR
Small Groundwater System

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