

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

System Name Flying K Trailer Ranch

PWS ID# 4 1 00455

Month/Year 4 / 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	12:55	well 2+3	.8	
2	11:55		.8	
3	2:00		.8	
4	11:30		.8	
5	11:35		.8	
6	10:25		.8	
7	9:40		.8	
8	12:15		.6	
9	11:05		.6	
10	1:50		.6	
11	10:50		.6	
12	12:35		.6	
13	10:50		.6	
14	12:30		.6	
15	11:25		.6	
16	2:35		.6	
17	1:18		.6	
18	10:25		.6	
19	11:20		.6	
20	11:55		.6	
21	1:30		.6	
22	12:10		.6	
23	1:40		.6	
24	10:35		.6	
25	12:10		.6	
26	12:20		.6	
27	11:10		.6	
28	10:50		.6	
29	12:50		.6	
30	11:00		.6	
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 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 #: (341) 786-5405 OR  
 Date: 5/1/2023 Small Groundwater System

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