

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 6/2023 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	11:00	wells 2 + 3	.8	
2	10:00		.8	
3	6:45		.8	
4	2:20		.8	
5	11:40		.8	
6	11:05		.8	
7	11:40		.8	
8	10:50		.8	
9	11:00		.8	
10	12:05		.8	
11	10:20		.8	
12	11:20		.8	
13	10:55		.8	
14	11:10		.8	
15	10:50		.8	
16	11:30		.8	
17	11:45		.8	
18	1:00		.8	
19	9:45		.8	
20	11:35		.8	
21	11:25		.8	
22	10:30		.8	
23	10:55		.8	
24	10:25		.8	
25	11:25		.8	
26	11:15		.8	
27	11:30		.8	
28	11:00		.8	
29	11:15		.8	
30	10:10		.8	
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.

**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

Title: caretaker

Operator Certification #:

Signature: Joni Chandler

Phone #: (541) 786-5405

OR

Date: 6/30/2023

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.