

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 8/2023 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	9:30	Well 2 + 3	.6	
2	9:30		.6	
3	7:50		.8	
4	10:50		.8	
5	8:00		.8	
6	11:05		.8	
7	10:10		.8	
8	10:40		.6	
9	11:00		.6	
10	12:00		.6	
11	4:00		.6	
12	12:30		.6	
13	2:05		.6	
14	11:20		.8	
15	11:45		.8	
16	3:10		.8	
17	10:30		.8	
18	10:45		.8	
19	11:30		.8	
20	10:20		.8	
21	10:45		.6	
22	12:00		.6	
23	1:00		.6	
24	9:45		.6	
25	9:20		.6	
26	9:35		.6	
27	12:00		.6	
28	10:40		.6	
29	10:30		.6	
30	9:00		.6	
31	9:45		.6	

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Data Mgmt & Compliance
Drinking Water Program

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: Joni Chandler Title: caretaker Operator Certification #: _____
 Signature: Joni Chandler Phone #: (541) 786-5405 OR
 Date: 8/31/2023 Small Groundwater System

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