

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 09/2023 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	Wells 2 + 3	.6	
2	10:15		.6	
3	9:05		.6	
4	11:30		.6	
5	9:45		.6	
6	11:25		.6	
7	12:30		.6	
8	1:00		.6	
9	10:50		.6	
10	12:40		.8	
11	9:50		.8	
12	11:20		.8	
13	10:15		.8	
14	11:45		.8	
15	12:10		.8	
16	11:05		.8	
17	1:35		.8	
18	9:50		.6	
19	12:45		.6	
20	12:25		.6	
21	10:25		.8	
22	9:40		.8	
23	12:20		.8	
24	2:40		.8	
25	10:15		.8	
26	12:15		.8	
27	1:05		.8	
28	11:20		.8	
29	11:05		.8	
30	1:30		.8	
31				

**RECEIVED**  
OCT 04 2023

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.

**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: 9/30/2023

Title: caritaker  
Phone #: (541) 986-5405

Operator Certification #: \_\_\_\_\_  
OR  
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.