

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 11 / 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	12:15	Wells 2 + 3	1.0	
2	12:10		1.0	
3	10:30		.8	
4	11:50		.8	
5	12:40		.8	
6	1:45		.8	
7	11:10		.8	
8	12:10		.8	
9	1:35		.8	
10	12:20		.8	
11	2:30		.8	
12	12:45		.8	
13	9:30		.8	
14	12:00		.8	
15	12:00		.8	
16	9:40		.8	
17	10:30		.8	
18	1:45		.8	
19	12:45		.8	
20	12:35		.8	
21	11:45		.8	
22	3:10		.8	
23	10:50		.8	
24	10:00		.8	
25	11:25		.8	
26	10:30		.8	
27	10:50		.8	
28	1:40		.8	
29	1:45		.8	
30	10:25		.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.

<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: <u>Joni Chandler</u> Signature: <u>Joni Chandler</u> Date: <u>11/30/2023</u>	Title: <u>Caretaker</u> Phone #: <u>(541) 786-5405</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.