

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 12 / 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	12:05	Well 2 + 3	.8	
2	2:40		1.0	
3	1:20		1.0	
4	1:15		1.0	
5	9:20		.8	
6	11:20		.8	
7	10:25		.8	
8	1:40		.8	
9	11:10		.8	
10	1:10		.8	
11	1:15		.8	
12	11:00		.8	
13	2:00		.8	
14	11:30		.8	
15	12:30		.8	
16	3:15		.8	
17	11:30		.8	
18	10:30		.8	
19	11:00		.8	
20	1:30		.8	
21	11:00		.8	
22	11:15		.8	
23	11:25		.8	
24	1:00		.8	
25	1:15		.8	
26	2:00		.8	
27	12:45		.8	
28	11:00		.8	
29	10:30		.8	
30	12:25		.8	
31	7:00		.8	

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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Joni Chandler Title: Caretaker Operator Certification #: _____
 Signature: Joni Chandler Phone #: (541) 786-5405 OR
 Date: 12 / 31 / 2023 Small Groundwater System

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