

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 1/2024 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	11:30	Wells 2 & 3	.8	
2	2:30		.8	
3	2:00		.8	
4	3:00		.8	
5	2:00		.8	
6	12:00		.8	
7	2:15		.8	
8	12:45		.8	
9	12:30		.8	
10	1:00		.8	
11	1:30		.8	
12	2:00		.8	
13	1:00		.8	
14	11:30		.8	
15	2:00		.8	
16	2:00		.8	
17	2:30		.8	
18	3:00		.8	
19	2:00		.8	
20	1:30		.8	
21	2:00		.8	
22	1:00		.8	
23	1:00		.8	
24	1:15		.8	
25	12:15		.8	
26	11:10		.8	
27	1:00		.8	
28	2:30		.8	
29	11:50		.8	
30	9:50		.8	
31	10:15		.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>
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Printed Name: Joni Chandler Title: caretaker Operator Certification #: _____
 Signature: Joni Chandler Phone #: (541) 786-5405 OR
 Date: 1/31/2024 Small Groundwater System