

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 03/2004 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	10:15	wells 2 + 3	1.8	
2	10:30		1.8	
3	1:30		1.8	
4	9:45		1.8	
5	11:00		1.8	
6	10:30		1.6	
7	9:40		1.6	
8	3:15		1.8	
9	2:00		1.8	
10	10:30		1.8	
11	10:45		1.8	
12	1:00		1.6	
13	2:30		1.8	
14	9:30		1.8	
15	10:15		1.8	
16	2:10		1.8	
17	11:00		1.0	
18	12:45		1.0	
19	2:10		1.8	
20	11:00		1.8	
21	11:15		1.8	
22	1:15		1.8	
23	10:30		1.8	
24	9:45		1.8	
25	11:30		1.8	
26	11:45		1.8	
27	12:30		1.8	
28	1:15		1.8	
29	10:30		1.8	
30	1:15		1.8	
31	11:00		1.8	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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) 986-5405 OR  
 Date: 3/31/2004 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.