

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 9/20

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	2:21 PM		.6	68091
2	5:08 PM		.6	
3	12:15	ADDED CHLORINE #20	.6	68137
4	5:17 PM		.6	68163
5	5:16 PM	ADDED CHLORINE	.6	68184
6	5:29 PM		.6	68208
7	11:21 AM		.6	
8	1:03 PM		.6	
9	4:17 PM	added chlorine	.6	68274
10	10:03 AM		.6	68294
11	4:38 PM	added "	.6	68335
12	1:27 PM		.6	68350
13	12:22 PM		.6	68371
14	3:19 PM		.6	
15	11:00 PM		.6	68426
16	12:15 PM		.6	68441
17	12:09		.6	68455
18	5:15 PM		.6	
19	5:20 PM		.6	
20	8:32 PM		.6	
21	11:57 AM		.6	
22	3:17 PM		.6	
23	7:22 AM		.6	68445
24	11:50		.6	68466
25	3:37 PM		.6	68557
26	7:10 AM	Added chlorine	.6	68575
27	11:06 AM		.6	68599
28	1:04 PM		.6	68600
29	7:59 AM	Added chlorine + water	.8	68633
30	3:44 PM		.6	68760
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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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: ( ) _____	OR
Date: / /		Small Groundwater System <input type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dwp.dince@state.or.us](mailto:dwp.dince@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.