

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 11/24 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    | 8:21 AM  | .6               |  |       |
| 2    | 5 PM     | .6               |  |       |
| 3    | 7:05 PM  | .6               |  | 69169 |
| 4    | 7:58 PM  | .6               |  | 69171 |
| 5    | 9:00 AM  | .6               | h2O + Chlo   | 69194 |
| 6    | 8:25 PM  | .6               |  |       |
| 7    | 8:30 PM  | .6               |  | 69225 |
| 8    | 10:00 AM | .6               |  | 69249 |
| 9    | 11 AM    | .6               |  |       |
| 10   | 2:03     | .6               |  |       |
| 11   | 4:30 PM  | .6               |  | 69279 |
| 12   | 2:30 PM  | .6               |  |       |
| 13   | 7:30 PM  | .6               |  | 69206 |
| 14   | 5:48 PM  | .6               |  |       |
| 15   | 2:49 PM  | .6               | h2O + Chlo   | 69327 |
| 16   | 7 PM     | .6               |  | 69336 |
| 17   | 9:21 PM  | .6               |  |       |
| 18   | 5:26 PM  | .6               |  | 69370 |
| 19   | 11:39 AM | .6               |  | 69382 |
| 20   | 5:01 PM  | .6               |  | 69396 |
| 21   | 10:35 AM | .6               | h2O + chlor  | 69404 |
| 22   | 4:08 PM  | .6               |  | 69416 |
| 23   | 1 PM     | .6               |  |       |
| 24   | 9:20 PM  | .6               |  | 69444 |
| 25   | 2:29 PM  | .6               | h2O + chlor  | 69455 |
| 26   | 12:21 PM | .6               |  |       |
| 27   | 4:20 PM  | .6               |  |       |
| 28   | 7:36 AM  | .6               |  |       |
| 29   | 8:20 AM  | .6               |  |       |
| 30   | 2:59 PM  | .6               | h2O + Chlo   |       |
| 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><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> |
|--|--|---|

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ OR \_\_\_\_\_  
 Date: / / Small Groundwater System

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