

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 1/25 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	2:00 PM		.6	
2	5:25 PM		.6	
3	2:02 PM		.6	60401
4	5:15 PM		.6	69991
5	5:20 PM		.6	
6	1:37 PM		.6	70012
7	7:00 AM		.6	70029
8	4:50 PM		.6	10037
9	11:06 AM		.6	70058
10	12:44 PM		.6	70067
11	1:20 PM		.6	70082 15
12	5:22 PM		.6	
13	10:10 AM		.6	70115
14	12:31 PM		.6	70125 10
15	1:02 PM		.6	70141 16
16	12:59 PM		.6	70156 15
17	2:41		.6	70170 14
18	5:41 PM		.6	70186 16
19	6:12 PM		.6	
20	10:39 AM		.6	70221
21	2:00 PM		.6	70231 10
22	2:08 PM		.6	70251
23	5:10 PM		.6	70277 70269
24	5:20 PM		.6	70277
25	4:10 PM		.6	70285
26	3:15 PM		.6	
27	2:01 PM		.6	70325
28	11:40 PM		.6	
29	5:15 PM		.6	70355
30	6 PM		.6	70370
31	5:12 PM		.6	70386

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to 0.4 mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

Printed Name: _____

Title: _____

Operator Certification #: _____

Signature: _____

Phone #: () _____

OR

Date: 1 / 1 /

Small Groundwater System ☐

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

August 22, 2019