## State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

|   | m Name Flyin                             | g K Trailer Rand                        | ch   | P  | WS ID# 4 1 00455                               |  |
|---|--|---|--|--|--|--|
| Month   | Year <u>3,</u>                           | Entry P                                 | oint: EP-B for y   | vells #2 & #3 Re   | quired Minimum Residual 0.4 mg/L               |  |
| Date  | Time                                     | Source(s)                               | iń use   | Lowest free chlorine residual at entry point to distribution system (mg/L) | Nain   |  |
| 1   | 1-12 m                                   |   |  |  |  |  |
| _2_   | 0: 3001                                  | 7                                       | 1  | . 6  | - 05   |  |
| 3   | 4:05 m                                   |   |  | ./6  | 2096   |  |
| 4   | 12:28 DH                                 | , |  | 10   | 10000  |  |
| 5   | 5:55pm                                   | Filled                                  | Witer tour   | 6  | # 110 of 1                                     |  |
| 6   | LOOPH                                    |   | 7 - 44   | - (c   | 7/00   |  |
|   | 2:38 pm                                  |   |  | 10   | 11000  |  |
| 88  | 5:73/1                                   |   |  |  | 11004 m  |  |
| 9   | 345/M                                    |   |  | is 6   | 71/12  |  |
| _10   | 1. ZeVM                                  |   |  | 16   | 71/16  |  |
| 11  | 13.45 pm                                 |   |  | .60  | 7/150  |  |
| 12  | 2. 25/90                                 |   |  | 6  | 71/34  |  |
| 13  | 3.40Pm                                   | Water for                               | eled W/  | W. F.  | 7/182  |  |
| 14 .  | 10:06                                    |   |  | 160  | 7/199  |  |
| 15  | 102110                                   |   |  | * C  | 1715.6   |  |
| 16  | 3:5/21                                   |   |  |  | 7/252  |  |
| 17  | 1.2011                                   |   | -  | 16   |  |  |
| 18  | Silon                                    |   |  | 16   | 71269  |  |
| 19  | SICIM                                    |   |  | 4 E  |  |  |
| 20  | 2.21 M                                   |   |  | .6   | >12-90   |  |
| 21  | DIZUAN7                                  |   | -  | 46   | 7/3/14   |  |
| 22  | 310299                                   | ·                                       |  | · 6  | 76   |  |
| 23  | 12.04/101                                |   |  |  |  |  |
| 24<br>25  | 6.53 AM                                  |   |  | . 6  | 71546  |  |
| <u>25</u><br>26   | >120AM                                   |   |  | 6  |  |  |
|   | 8' 20PM                                  | Na                                      |  |  |  |  |
| 27  | 7:28AM                                   |   |  | 3.   | 21393  |  |
| 28  | 6.45 PM                                  |   |  | . (  | >14/2  |  |
| <u>29</u> .<br>30   | 7:201B                                   |   |  | 16   |  |  |
| 31  |  |   | <u> </u>   | _6   | 12/442   |  |
|   | 19:32Figh                                |   |  | 16   |  |  |
| VVas ปา   | e chlorine residual                      | ever less than the                      | required minimum   | residual of 0.4 mg/L?  | Yes No   |  |
| โเวแเล็ต  | what was the longe<br>by end of next bus | iness dav.                              | I the required level   | was restored? hours  | s – If > 4 hours, Drinking Water Program to be |  |
|   | S Serving 3,300                          |   | The same of the sa | GWS Servina I  | More Than 3,300                                |  |
| If yes, did you monitor every four hours until the residual returned to 0.4 mg/L as |  |   | Did continuous monitoring equipment fail at any time this pate continuous monitoring reporting month? Yes No equipment failed;   |  |  |  |
| require   | , ,                                      | ☐ No                                    | li ves, were grah  | samples collected every  |  |  |
| Attach those results and submit them with this form.                                |  |   | If yes, were grab samples collected every four fieurs until the continuous monitoring equipment was returned to service and Date it was returned to required?    Per   No   Service:   |  |  |  |
|   |  |   | Attach grab samp   | ole results and submit them w  | with this form.                                |  |
| rinted Name:  |  |   | Title:   |  | Operator Certification #:                      |  |
| Signature:  |  |   | Phone #: ( )   |  |  |  |
| ate:  | i i                                      |   | CHOIR  | \  | OR   |  |
|   | i I                                      |   |  |  | Small Groundwater System                       |  |

Return by 10th of following month by either email <a href="mailto:dwp.dmce@state.or.us">dwp.dmce@state.or.us</a>; fax 971-873-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

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