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

System Name Flying K Trailer Ranch						
Month Wood 4 125 -						S ID# 4 1 00455
Required Winimum Residual 0.4 mg/L						
Date	Time	Source(s)	n use	Lowest free chi residual at entry p distribution system	point to	Notes
1	10:10AM			. E	i (mg/L)	
2	5: Zopm			'.δ		·
3	17:20 AM			16	 	
4	7/ 30 AM	1		16		71502-
5	6:54 PM	·		, 6	······································	71503 7524
<u>6</u> 7	7:30 FM			. 6		
 3	5:10 PM			<u>;6</u>		
9	1. ZOPM			, 6		
10	17:08 PM					
11	3.27AM			. 6		
12	3.44FA			(·	}
13	2.01/m			15		1 7.066
14 .	2000			· · ·		7 1855
15	4.30P/n	<u> </u>	-	. 6		
16	7. yorn			. 6		
17	11:12AM			. 6		
18	5:300			6	······································	
19	12:02Pm			16		
<u>20</u> 21	1.46 Pm			-6		71700
22	670(11)			• 6		7180
<u>22</u> 	7:30AM 6:201M			.6		71830
<u>24</u>	3 40m			, 6		7841
<u></u> 25	2.6.49PM		<u> </u>			71845
26	7.20 AV		i	. <i>t</i>	·	21099
27	5(1/2)	·		.6		}
28	5:ZU[M]			16	***************************************	219/4
29	4.20m			· 6		71926
30	5:5Zgm			- (7101
31				V	·	21/93
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						
If was did you monitor every four hours						- Andrews and the second secon
until the residual returned to 0.4 mg/L as reporting month? Yes Yes equipment failed:						equipment failed:
Attach those results and submit them with this form.			If yes, were grab samples collected every cut heurs until the // / continuous monitoring equipment was returned to service as Date it was returned to required? No service:			
Attach grab sample results and submit them with this form.						
Printed Name: HNNA DEJONG Title: OFFICE MANAGEL Operator Certification #:						
Signalure (1941-5788) OR						
Date: 5 / 1 / 35 Small Groundwater System						
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Return by 10th of following month by either email <u>dwp.dmcs@state.or.us;</u> fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.