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

System Name Flying K Trailer Ranch PWS ID# 4.1 004FF						
				PWS ID# 4 1 00455		
Regular of Minimum Residual 0.4 mg/L						
Date	Time	Source(s)	n use	Lowest free chic residual at entry p distribution system	oint to	Notes
1	5 1 try			1.6	(//g/ 2 /	711612
<u>2</u> 3	4. carm			. É		7 40 911
3	9070			. , ś	· †	74620
	19 Gives			+6		746 74
- 6	7.54PM 242PM		· · · · · · · · · · · · · · · · · · ·	, έ		74701
	8-5-M			.6		7 473=
8	2:20AM			. 6		74771
9	19: C7PM			1 3		7 y80z
10	0.1700			,6		>4848
11	5/1/19/	· · · · · · · · · · · · · · · · · · ·		. 0		Z4885
12	5.20PM	· · · · · · · · · · · · · · · · · · ·		1 06		- 7 y 411
13	5 18 am	· · · · · · · · · · · · · · · · · · ·		.6	·	
14	7:12AM	 -	······································	<u> </u>		
15	7.1100			6		
16	> 436M					
17	5: 701M	······································		1 16		
18	5-USIM			, 		
19	7.400M		 	, b • 6		15/92 <u> </u>
20	5 170m		· · · · · · · · · · · · · · · · · · ·			73752
21	5-28/101				<u> </u>	57.84
22	36000			200		73371
23				16	<u> </u>	
24	6:30 AM	<u> </u>		1 / 1		
25	MICPM			1 6		- C1.2-
26	3.97 PM			1 77		75965
_27	4: 50pm			7		75506
28	ZSGCM		· · · · · · · · · · · · · · · · · · ·	6		7567
29	2:05pm	· · · · · · · · · · · · · · · · · · ·		, <i>Le</i>		
30	3.30m		-A			75633
31	3.38m			1,6		756 BY
Was the chlorine residual ever less than the popular desired with the chlorine residual ever less than the popular desired with the chlorine residual ever less than the chlorine residual ever less						
If yes, what was the longest time period until the required level was restored? No hours — If > 4 hours. Drinking Water Program to be notified by end of next business day.						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
li ves did you monitor every four bours						
If Yes, did you monitor every four hours until the residual returned to 0.4 mg/L as required? Yes No						ime this Data editinuous monitoring equipment failed:
If yes, were grab samples collected every four heurs until the						
this form. Continuous monitoring equipment was returned to service as Date it was returned to						
required? No service						service
Attach gran sample results and submit them with this form.						
Printed Name: HANA DEJENC Titie: Operator Certification #:						
Signature MANIAM Was The						
Date: OR						
Jaic.	1812	100			-	Small Groundwater System

Return by 10th of following month by either email dwo.dmce@state.or.us; fax 971-873-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.