

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 12/29 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	3:52 PM		.6	77859
2	4:02 PM		.6	77860
3	5:44 PM		.6	77880
4	6:17 PM		.6	77951
5	7:12 AM		.6	77971
6	6:50 AM		.6	77949
7	5:16 PM		.6	77964
8	3:43 PM		.6	77983
9	7:30 AM		.6	78000
10	3:02 PM		.6	78024
11	4:04 PM		.6	78046
12	6:07 PM		.6	78054
13	7:30 AM		.6	78064
14	4:43 PM		.6	78082
15	7:15 PM		.6	78103
16	6:17 PM		.6	78119
17	7:12 AM		.6	78134
18	4:40 PM		.6	78145
19	4:30 AM		.6	78158
20	6:07 PM		.6	78176
21	8:33 PM		.6	78191
22	5:50 PM		.6	78206
23	6:17 PM		.6	78222
24	3:42 PM		.6	78237
25	9:02 AM		.6	78256
26	10:01 AM		.6	78272
27	4:17 AM		.6	78294
28	12:11 AM		.6	78311
29	11:26 AM		.6	78326
30	12:52 PM		.6	78342
31	4:12 PM		.6	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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: Anna DeJong Title: _____ Operator Certification #: _____
 Signature: Anna DeJong Phone #: (541) 624-5788 OR
 Date: 12/5/20 Small Groundwater System

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