

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 4 / 2024 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	1:20 pm	Wells 2 + 3	.8	
2	10:45 am		.8	
3	2:30 pm		.8	
4	9:00 AM		.6	
5	11:15 AM		.8	
6	1:14 pm		.6	
7	2:30 pm		.6	
8	9:46 AM		.8	
9	12:30 pm		.8	
10	3:50 pm		.8	
11	11:22 AM		.8	
12	4:15 pm		.8	
13	10:29 AM		.8	
14	8:22 AM		.6	
15	7:59 AM		.6	
16	10:40 AM		.8	
17	12:47 pm		.8	
18	2:15 pm		.6	
19	11:26 AM		.6	
20	7:00 AM		.6	
21	10:45 AM		.8	
22	2:10 PM		.8	
23	10:30 AM		.8	
24	9:45 AM		.8	
25	9:30 AM		.6	
26	9:00 AM		.8	
27	12:39 PM		.8	
28	11:49 AM		.8	
29	3:00 pm		.6	
30	12:34 pm		.6	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: Sean A. Murphy Title: Property Manager  
 Signature: [Signature] Phone #: 541 624-5789  
 Date: 05/01/24

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dnce@state.or.us](mailto:dwp.dnce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.