

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 6/24 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	10:30 AM	Wells 2+3	.6	65479 (40)
2	11:21 AM		.6	
3	10:00 AM		.6	
4	7:30 AM		.6	
5	3:19 PM		.6	65550
6	11:00 AM		.6	65565
7	10:36 AM		.6	
8	12:17 PM		.6	
9	10:30 AM		.6	
10	11:56 AM		.6	65670
11	1:15 PM		.6	65707 (37)
12	10:45 AM		.6	65733 (26)
13	3:15 PM		.6	65773
14	5-10 PM		.6	
15	9:00 AM		.6	
16	3:30 PM		.6	
17	7:30 AM		.6	
18	2:14 PM		.6	65966
19	12:30 PM		.6	65995
20	7:10 AM		.6	65923
21	7:14 AM		.6	65927
22	4:31 PM		.6	
23	5:23 PM		.6	
24	7:30 AM		.6	660324
25	7:25 AM		.6	
26	5:00 PM		.6	
27	5:36 PM		.6	
28	5:21 PM		.6	
29	1:28 PM		.6	
30	3:21 PM		.6	
31			.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: Jean A. Murphy Title: PM
 Signature: Jean A. Murphy Phone #: (360) 710-9941
 Date: 06/30/24

Operator Certification #: _____
 OR
 Small Groundwater System

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