

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 7/24

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	3:20 PM	Wells 2+3	.6	
2	6:53 PM		.6	66267
3	5:15 PM		.6	
4	1:25		.6	
5	5:31 PM		.6	
6	4:40 PM		.6	
7	11:58 AM		.6	
8	10:03 PM	added more Chlorine	.4	66439
9	9:19 PM		.6	
10	5:23 PM		.6	
11	11:02 AM	added H2O/Chlorine	.6	66575
12	5:30 PM		.6	
13	1:20 PM		.6	
14	3:42 PM		.6	
15	9:44 AM		.6	66680
16	4:20 PM		.6	
17	3:32 PM	Added Chlorine	.4	66756
18	3:56 PM		.6	66787
19	2:50 PM	H2O/Chlorine	.6	66819
20	4:00 AM		.6	
21	4:15 PM		.6	
22	7:30 AM	H2O/Chlorine	.6	66928
23	9:59 AM		.6	66981
24	11:31 AM	H2O/Chlorine	.4	66990
25	2:51 PM		.6	67029
26	5:39 PM		.6	67081
27	3:27 PM		.6	
28	5:21 PM		.6	
29	5:15 PM		.6	67134
30	4:30 AM		.6	67188
31	7:23 AM		.6	67200

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to 0.4 mg/L as required? Yes No
 Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No
 Date continuous monitoring equipment failed: / /
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Date it was returned to service: / /
 Attach grab sample results and submit them with this form.

Printed Name: Jean Murphy Title: DM
 Signature: Jean A. Murphy Phone #: 360, 710-9941
 Date: / /

Operator Certification #: _____
 OR
 Small Groundwater System

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