

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

System Name Flying K Trailer Ranch

PWS ID# 4 1 00455

Month/Year 8 / 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	5:30 PM		.6	
2	5:27 PM		.6	67260
3	12:13 PM		.6	67281
4	10:3 PM		.6	
5	5:20 PM		.6	67343
6	7:2 AM		.6	67
7	4:20 PM		.6	67383
8	12:23 PM	added Chlorine	.6	67438
9	5:20 PM		.6	67476
10	2:30 PM		.8	67508
11	10:31 AM		.6	
12	4:32		.6	67563
13	12:06	Chlorine added	.6	67592
14	4:31 PM		.6	67636
15	2:24 PM		.6	67655
16	3:53		.6	67676
17	12:27 PM		.6	67693
18	7:24 AM		.6	67717
19	5:20 PM		.6	67767
20	7:01 AM		.6	
21	5:38 AM		.6	
22	7:16 AM		.6	67823
23	7:16 AM		.6	
24	11:24 AM		.6	67877
25	3:21 PM		.6	67900
26	7:24 AM		.6	67933
27	5:19 PM		.6	
28	12:45 PM	Chlorine added	.6	67985
29	5:30 PM		.6	68010
30	5:00 PM		.6	68040
31	5:20 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.

**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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: ANNA DEJONG

Signature: *[Signature]*

Date: 8/31/24

Title:

Phone #: 541) 604-5788

Operator Certification #:

OR

Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwo.dince@state.or.us](mailto:dwo.dince@state.or.us); fax 971-673-0894; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.