

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 10/24

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	5:15 PM		.6	
2	10:58 AM		.6	
3	1:14 PM		.6	68698
4	2:55 PM	h2o	.6	68713
5	3:30 PM		.6	68728
6	6:00 PM		.6	
7	11:45		.6	68760
8	12:21		.6	
9	3:35	add h2o + chl	.6	
10	5:20 PM		.6	68809
11	3:45 PM		.6	
12	8:58 AM	added h2o + chl	.6	
13	5:00 PM		.6	68848
14	1:20 PM		.6	68874
15	5:00 PM		.6	
16	7:36 AM		.6	
17	10:28 AM		.6	68911
18	6 AM		.6	68926
19	6 AM		.6	
20	6 AM		.6	
21	5:20 PM		.6	68994
22	1:44 PM	add h2o + chl	.6	69003
23	2:12 PM		.6	
24	4:18 PM		.6	69031
25	2:30	up to 6.0	.6	69048
26	1:00 PM		.6	69061
27	6:23 PM		.6	691
28	5:30 PM 1:15 PM		.6	
29	5:00 PM	h2o + chlorine	.6	69118
30	3:45 PM		.6	69121
31	11:30 AM		.6	69139

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 A. Murphy Title: Property Mgmt  
 Signature: *Jean A. Murphy* Phone #: 360-710-9941  
 Date: 10/31/24

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

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