

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 12/24 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	4:50 PM	.6		
2		.6		01945
3	2:46	.6		
4	11:00	.6		69577
5	4:26 PM	.6		69588
6	7:43 AM	.6	add. h2o + chl	69606
7	12:00 PM	.6	.6	6969617
8	1:30 PM	.6		
9	4:30 PM	.6		69648
10	5:30 PM	.6		69606
11	12 PM	.6		69688
12	4:48 PM	.6		
13	1:31 PM	.6		69707
14	8:30 AM	.6		69717 10 gal
15	11:03 AM	.6		
16	5:13 PM	.6		69746
17	5:36 PM	.6	ADDED H2O + CH	69761
18	10:22 AM	.6		69774
19	12:19 PM	.6		69783
20	8:59 PM	.6		69797
21	1:00 PM	.6		
22	7:33 AM	.6		
23	10:13 AM	.6		69831
24	11:20 PM	.6		69844
25	6:13 PM	.6		
26	4:53 AM	.6		
27	4:50 PM	.6	h2o + chl	69881
28	11:30 AM	.6		69899
29	2:12 PM	.6		
30	12:16	.6		69927
31	12:17 AM	.6		69950

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.

Printed Name: Jean A Murphy
 Signature: Jean A Murphy
 Date: 12/31/2024

Title: Property Mgmt
 Phone #: 541-624-5788

Operator Certification #: _____
 OR
 Small Groundwater System