

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 5 / 25

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	2:20 PM		.6	
2	7:20 AM		.6	
3	1:02 PM		.6	
4	1:05 AM		.6	
5	5:02 PM		.6	72045
6	3:40 PM		.6	72098
7	5:16 PM		.6	72062
8	5:10 PM		.6	72083
9	7:30 PM		.6	721
10	12 PM		.6	72110
11	2:40 PM		.6	72153
12	2:50 PM		.6	72174
13	6:20 PM		.6	72185
14	6:30 AM		.6	72192
15	7:20 AM		.6	72201
16	5:20 PM		.6	72232
17	5:00 PM		.6	72250
18	6:17 PM		.6	72275
19	3:40 PM		.6	72284
20	3:50 PM		.6	72304
21	4:10 PM		.6	72352
22	5:30 PM		.6	7233
23	5:40 PM		.6	72371
24	9:20 PM		.6	72374
25	7:20 AM		.6	72419
26	5:20 PM		.6	72443
27	5:20 PM		.6	72466
28	5:50 PM		.6	72491
29	5:11 PM		.6	72515
30	5:40 PM		.6	72551
31	6:11 PM		.6	72570

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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:

Signature:

Date:

Title:

Phone #: ()

Operator Certification #:

OR

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmrce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97233-0350.