

**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 6/175

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	7:39 AM		.6	72641
2	8:56 AM		.6	72660
3	5:27 PM		.6	72625
4	5:52 PM		.6	72202
5	6:42 PM		.6	72712
6	7:02 AM		.6	72767
7	8:02 PM		.6	72782
8	12:31 PM		.6	72816
9	3:20 PM		.6	72862
10	5:36 PM		.6	72916
11	6:48 PM		.6	
12	12:02 PM		.6	
13	5:02 PM		.6	
14	11:06 PM		.6	
15	4:30 PM		.6	73070
16	7:10 AM		.6	73102
17	5:28 PM		.6	73122
18	3:20 PM		.6	73141
19	6:45 PM		.6	73183
20	4:30 PM		.6	73233
21	1:04 PM		.6	73266
22	2:20 PM		.6	73293
23	6:27 PM		.6	73313
24	5:22 PM		.6	73334
25	5:00 PM		.6	73357
26	12:04 PM		.6	73377
27	5:02 PM		.6	73398
28	7:20 PM		.6	73438
29	6:22 PM		.6	73487
30	5:44 PM		.6	73497
31				73536

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: Anna LeJang

Title: OFFICE MANAGER/ EWS

Operator Certification #:

Signature: [Signature]

Phone #: 541 624-5700

OR

Date: 6/30/2025

Small Groundwater System ☒

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

August 22, 2019