

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 7/25 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	5:17 AM		.6	
2	6:16 PM		.6	
3	7:20 AM		.6	73602
4	7:02 PM		.6	73636
5	6:09 AM		.6	73552
6	5:11 PM		.6	73621
7	5:20 AM		.6	73720
8	5:04 PM		.6	73752
9	4:30 PM		.6	73766
10	6:22 PM		.6	73741
11	5:16 PM		.6	73812
12	7:00 AM		.6	73847
13	8:10 AM		.6	73882
14	7:19 PM		.6	73904
15	5:27 PM		.6	73944
16	7:02 AM		.6	73981
17	7:00 PM		.6	
18	5:00 PM		.6	
19	7:00 AM		.6	74095
20	4:02 PM		.6	74122
21	5:40 PM		.6	74174
22	5:20 PM		.6	74213
23	4:21 PM		.6	74239
24	5:16 PM		.6	74264
25	5:00 PM		.6	74298
26	4:20 PM		.6	74322
27	5:00 PM		.6	74352
28	5:11 PM		.6	74396
29	5:16 PM		.6	74421
30	5:32 PM		.6	74461
31	5:06 PM		.6	74494

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

Title: TESTER

Operator Certification #:

Signature: [Signature]

Phone #: 541 1805-0592

OR

Date: 8/14/25

Small Groundwater System ☒

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