

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Flying K Trailer Ranch

Month/Year 9/125

Entry Point: EP-B for wells #2 & #3

PWS ID# 41 00455

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	5:42 PM			
2	3:59 PM		.6	75712
3	5:18 PM		.6	75759
4	5:17 PM		.6	75794
5	3:52 PM		.6	75821
6	10:02 PM		.6	76882
7	7:00 AM		.6	79094
8	6:37 PM		.6	75916
9	5:59 PM		.6	75922
10	5:10 PM		.6	75959
11	6:22 PM		.6	75994
12	3:40 PM		.6	76021
13	9:30 PM		.6	76072
14	5:20 PM		.6	76097
15	3:40 PM		.6	76109
16	5:20 PM		.6	76122
17	9:30 PM		.6	76118
18	7:20 AM		.6	76173
19	3:27 PM		.6	76201
20	5:10 PM		.6	76233
21	3:40 PM		.6	76272
22	6:30 PM		.6	76302
23	3:48 PM		.6	76340
24	6:17 PM		.6	76374
25	5:30 PM		.6	76402
26	3:20 PM		.6	76403
27	6:30 PM		.6	76477
28	3:15 PM		.6	76495
29	2:00 PM		.6	76523
30	7 PM		.6	76556
31	7:30 AM		.6	

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 DEJONG

Signature: [Signature]

Date: 10/6/2025

Title: OFFICE MANAGER

Phone #: (541) 674-5788

Operator Certification #: S-357172

OR

Small Groundwater System ☐

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