

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 10 / 2025

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	5:15 PM		.6	76587
2	5:30 PM		.6	76623
3	6:00 PM		.6	76648
4	6:30 PM		.6	76672
5	7:00 PM		.6	76702
6	7:30 PM		.6	76742
7	8:00 PM		.6	76765
8	8:30 PM		.6	76794
9	9:00 PM		.6	76815
10	9:30 PM		.6	76850
11	10:00 PM		.6	76890
12	10:30 PM		.6	76923
13	11:00 PM		.6	76954
14	11:30 PM		.6	76978
15	12:00 AM		.6	77024
16	12:30 AM		.6	77045
17	1:00 AM		.6	77072
18	1:30 AM		.6	77099
19	2:00 AM		.6	77132
20	2:30 AM		.6	77174
21	3:00 AM		.6	77188
22	3:30 AM		.6	77202
23	4:00 AM		.6	77234
24	4:30 AM		.6	77295
25	5:00 AM		.6	77257
26	5:30 AM		.6	77264
27	6:00 AM		.6	77274
28	6:30 AM		.6	77319
29	7:00 AM		.6	77347
30	7:30 AM		.6	
31	8:00 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? _____ 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

Date continuous monitoring equipment failed: / /

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Date it was returned to service: / /

Attach grab sample results and submit them with this form.

Printed Name: Anna DeJong

Title: _____

Operator Certification #: _____

Signature: [Signature]

Phone #: () _____

OR

Date: 11/1/2025

Small Groundwater System ☐

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