

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 11/25

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	6:20 PM		.6	77324
2	6:55 PM		.6	77396
3	7:17 PM		.6	77416
4	7:06 PM		.6	77438
5	7:50 PM		.6	77467
6	7:50 PM		.6	77472
7	6:49 PM		.6	77490
8	7:30 PM		.6	77511
9	5:17 PM		.6	77533
10	3:44 PM		.6	77552
11	7:25 AM		.6	77664
12	6:27 PM		.6	77679
13	4:32 PM		.6	77692
14	6:16 PM		.6	77610
15	5:16 PM		.6	77623
16	7:36 PM		.6	77634
17	4:02 PM		.6	77646
18	7:28 PM		.6	77667
19	4:20 PM		.6	77678
20	4:43 PM		.6	77693
21	7:14 AM		.6	77709
22	6:11 PM		.6	77710
23	6:37 PM		.6	77732
24	5:39 PM		.6	77735
25	4:02 PM		.6	77736
26	7:31 PM		.6	77738
27	6:18 PM		.6	77739
28	2:21 PM		.6	77801
29	6:26 PM		.6	77818
30	5:56 PM		.6	77828
31				

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

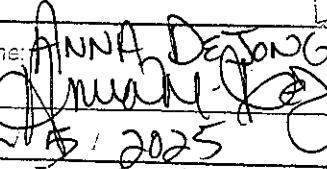
Date it was returned to service: _____

Attach grab sample results and submit them with this form. _____

Printed Name: ANNA DEJONG

Title:

Operator Certification #:

Signature: 

Phone # ()

OR

Date: 12/15/2025

541-624-5788

Small Groundwater System

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