

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	77374
2	4:50 PM		.6	77396
3	7:22 PM		.6	77416
4	6:00 PM		.6	77438
5	3:50 PM		.6	77462
6	7:00 PM		.6	77471
7	6:40 PM		.6	77490
8	7:30 PM		.6	77511
9	5:17 PM		.6	77533
10	3:44 PM		.6	77552
11	7:28 AM		.6	77664
12	6:27 PM		.6	77579
13	4:32 PM		.6	77592
14	6:16 PM		.6	77610
15	5:16 PM		.6	77629
16	7:30 PM		.6	77634
17	4:02 PM		.6	77646
18	7:28 PM		.6	77663
19	4:32 PM		.6	77678
20	4:43 PM		.6	77693
21	7:14 AM		.6	77709
22	6:11 PM		.6	77718
23	6:37 PM		.6	77732
24	5:29 PM		.6	77754
25	4:02 PM		.6	77769
26	7:33 PM		.6	77780
27	6:10 PM		.6	77793
28	2:21 PM		.6	77801
29	6:00 PM		.6	77818
30	5:50 PM		.6	77828
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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:

Operator Certification #:

Signature: [Signature]

Phone #: ()

OR

Date: 12/15/2025

541-624-5788

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.