

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 1/26

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	11:50 AM		.6	78364
2	1:05 PM		.6	78392
3	2:12 PM		.6	78421
4	5:17 PM		.6	78449
5	3:44 PM		.6	78458
6	12 PM		.6	78487
7	6:17 PM		.6	78511
8	6:15 PM		.6	78543
9	4:02 PM		.6	78578
10	10:15 AM		.6	78610
11	9:55 AM		.6	78640
12	4:07 PM		.6	78680
13	6:30 PM		.6	78614
14	11:43 AM		.6	78740
15	3:12 PM		.6	78757
16	5:38 PM		.6	78772
17	7:13 PM		.6	78794
18	4:00 PM		.6	78811
19	4:03 PM		.6	78830
20	6:17 PM		.6	78849
21	7:02 AM		.6	78862
22	9:15 AM		.6	78878
23	6:33 AM		.6	78892
24	4:15 PM		.6	78903
25	5:54 AM		.6	78910
26	11:38 PM		.6	79118
27	4:02 PM		.6	
28	6:31 PM		.6	
29				
30	5:32		.6	79248.2
31	12:18 PM		.6	79272

29

>

208

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 DE JONG

Title: OFFICE MANAGER

Operator Certification #: _____

Signature: [Handwritten Signature]

Phone #: 541 624-5788

OR

Date: 12/5/26

Small Groundwater System

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