

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 2/26

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	1:24PM		.6	79302
2			.6	
3	5:51		.6	
4	4:11PM		.6	79305
5	3:40PM		.6	79359
6	5:11PM		.6	79377
7	5:30PM		.6	79387
8	5:58PM		.6	79401
9	7:07PM		.6	79417
10	7:15PM		.6	79432
11	6:46PM		.6	79447
12	6:12PM		.6	79463
13	6:17PM		.6	79481
14	7:00AM		.6	79497
15	7:10AM		.6	79513
16	12:19PM		.6	79529
17	7:18PM		.6	79545
18	4:07PM		.6	79561
19	11:07AM		.6	79577
20	6:00PM		.6	79593
21	4:06PM		.6	79609
22	6:17PM		.6	79625
23	2:54PM		.6	79641
24	5:17PM		.6	79657
25	7:30AM		.6	79672
26	5:10PM		.6	79674
27	6:17PM		.6	79686
28	3:13PM		.6	79698
29	2:09PM		.6	79710
30	5:11PM		.6	
31	6:17PM		.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 DE SONG Title: OFFICE MANAGER
 Signature: [Signature] Phone #: () 541-624-5788
 Date: 3/5/26

Operator Certification #: _____
 OR
 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.