

State of Oregon Drinking Water Program
 Monthly Disinfection Report for Ground Water Systems

971-673-0694

System Name Murphy Trailer Park PWS ID# 41 05230
 Month/Year 01 121 Entry Point: Well #1 Required Minimum Residual 0.5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1:43	TANK	0.6	
2	9:55	TANK	0.6	
3	10:21	#3	0.6	
4	4:05	TANK	0.6	
5	2:29	TANK	0.6	
6	10:11	#2	0.6	
7	8:41	TANK	0.6	
8	12:16	#5	0.6	
9	2:07	TANK	0.6	
10	4:23	TANK	0.6	
11	11:21	TANK	0.6	
12	3:03	#3	0.6	
13	1:15	TANK	0.6	
14	5:40	TANK	0.6	
15	9:10	#2	0.7	
16	5:05	TANK	0.7	
17	12:17	#3	0.5	
18	12:09	TANK	0.5	
19	8:48	TANK	0.5	
20	10:11	TANK	0.5	
21	1:40	#2	0.5	
22	9:23	TANK	0.5	
23	10:16	#5	0.5	
24	3:07	TANK	0.5	
25	3:39	TANK	0.5	
26	11:23	#4	0.5	
27	12:01	TANK	0.6	
28	9:11	TANK	0.6	
29	4:13	TANK	0.6	
30	9:19	#3	0.6	
31	9:47	TANK	0.6	

Was the chlorine residual ever less than the required minimum residual of 0.5 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u>0.5</u> mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: <u>1/1/12</u></p> <p>Date it was returned to service: <u>1/1/12</u></p>

Printed Name: MIAN HOEFFLINGER Title: OWNER Operator Certification #: _____
 Signature: Mian Hoeflinger Phone #: (541) 659-2903 OR
 Date: 1/31/2012 Small Groundwater System