

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

971-673-0694

System Name Murphy Trailer Park PWS ID# 41 05280
 Month/Year 02 12 Entry Point: Well 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	5:01	TANK	0.6	
2	10:15	#1	0.6	
3	4:21	TANK	0.6	
4	9:10	TANK	0.6	
5	10:51	#2	0.6	
6	5:21	TANK	0.6	
7	9:19	TANK	0.6	
8	8:50	#3	0.6	
9	12:11	TANK	0.6	
10	5:34	TANK	0.6	
11	10:10	#4	0.6	
12	6:05	TANK	0.7	
13	3:11	TANK	0.7	
14	11:54	TANK	0.7	
15	2:05	# TANK	0.8	
16	1:20	#3	0.8	
17	11:01	TANK	0.8	
18	4:07	TANK	0.8	
19	5:21	TANK	0.8	
20	4:05	#4	0.8	
21	10:21	TANK	0.8	
22	9:14	#2	0.8	
23	5:23	TANK	0.8	
24	4:11	#1	0.8	
25	3:29	TANK	0.8	
26	9:25	TANK	0.8	
27	10:05	TANK	0.8	
28	9:51	#3	0.8	
29				
30				
31				

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: _____/_____/____</p> <p>Date it was returned to service: _____/_____/____</p>
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Printed Name: Alan Hoeflinger Title: OWNER Operator Certification #: _____
 Signature: Alan Hoeflinger Phone #: (541) 659-2803 OR
 Date: 2 12 2010 Small Groundwater System