

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

System Name Murphy Trailer Park PWS ID# 41 05280
 Month/Year 03 12 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	4:09	TANK	0.8	
2	10:11	#2	0.8	
3	9:23	TANK	0.8	
4	8:52	#1	0.8	
5	5:05	TANK	0.8	
6	9:49	#3	0.8	
7	10:14	TANK	0.8	
8	4:21	#2	0.8	
9	5:32	TANK	0.8	
10	6:00	TANK	0.8	
11	8:50	#1	0.8	
12	9:43	TANK	0.8	
13	5:23	TANK	0.8	
14	1:40	#3	0.8	
15	2:25	TANK	0.8	
16	4:17	TANK	0.8	
17	9:09	#2	0.8	
18	10:32	TANK	0.7	
19	10:41	TANK	0.7	
20	11:07	#4	0.7	
21	5:21	TANK	0.7	
22	6:04	TANK	0.7	
23	4:34	TANK	0.7	
24	3:19	TANK	0.7	
25	6:08	#5	0.7	
26	5:22	TANK	0.7	
27	3:16	#1	0.7	
28	2:41	TANK	0.7	
29	5:28	TANK	0.7	
30	11:13	#5	0.7	
31	9:51	TANK	0.7	

Was the chlorine residual ever less than the required minimum residual of _____ 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 _____ mg/L as required? <input type="checkbox"/> Yes <input 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 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 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: MIAN HOEFFLINGER Title: OWNER Operator Certification #: _____
 Signature: Mian Hoeflinger Phone #: (541) 659-2503 OR
 Date: 3/31/2010 Small Groundwater System