

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

System Name Murphy Trailer Park PWS ID# 41 05280  
 Month/Year 04 121 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	9:10	TANK	0.7	
2	11:22	TANK	0.6	
3	10:03	TANK	0.6	
4	1:24	#1	0.6	
5	5:52	TANK	0.6	
6	5:40	TANK	0.6	
7	11:05	TANK	0.6	
8	9:25	#3	0.6	
9	5:42	TANK	0.7	
10	10:05	TANK	0.7	
11	9:41	TANK	0.8	
12	9:09	#2	0.8	
13	9:41	TANK	0.8	
14	9:32	TANK	0.8	
15	9:32	#1	0.8	
16	6:07	TANK	0.8	
17	7:10	TANK	0.7	
18	5:41	TANK	0.7	
19	10:19	#3	0.7	
20	11:07	TANK	0.7	
21	9:14	TANK	0.7	
22	9:42	#4	0.7	
23	4:31	TANK	0.7	
24	9:50	TANK	0.7	
25	10:10	TANK	0.7	
26	7:02	#3	0.7	
27	6:15	TANK	0.7	
28	5:07	TANK	0.8	
29	9:16	TANK	0.8	
30	11:10	TANK	0.8	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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) 679-2503 OR  
 Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Small Groundwater System