

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

System Name Murphy Trailer Park PWS ID# 41 05230  
 Month/Year 07/21 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	10:03	TANK	0.5	
2	9:21	#4	0.6	
3	9:15	TANK	0.6	
4	7:19	#3	0.6	
5	6:27	TANK	0.6	
6	8:08	TANK	0.6	
7	5:31	TANK	0.6	
8	6:19	#4	0.6	
9	5:40	TANK	0.6	
10	9:22	TANK	0.6	
11	10:05	#2	0.6	
12	7:28	TANK	0.6	
13	6:31	#1	0.6	
14	7:19	TANK	0.6	
15	4:22	#3	0.6	
16	8:09	#5	0.6	
17	1:42	TANK	0.6	
18	9:12	TANK	0.5	
19	8:46	#1	0.5	
20	6:02	TANK	0.5	
21	5:29	TANK	0.5	
22	4:07	#3	0.5	
23	5:12	TANK	0.5	
24	10:04	TANK	0.5	
25	6:22	#4	0.5	
26	7:18	TANK	0.6	
27	5:41	#2	0.6	
28	5:28	TANK	0.6	
29	7:04	#1	0.6	
30	7:38	TANK	0.6	
31	6:56	TANK	0.6	

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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>	

Printed Name: Alan Hoefflinger Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Alan Hoefflinger Phone #: (541) 679-2503  
 Date: 8/1/21 Small Groundwater System