

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

System Name Murphy Trailer Park PWS ID# 41 05280  
 Month/Year 09/21 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	9:20	TANK	0.6	
2	8:16	TANK	0.6	
3	7:11	#3	0.3	
4	9:22	TANK	0.3	
5	7:08	#1	0.5	
6	6:41	TANK	0.5	
7	9:45	#4	0.3	
8	10:18	TANK	0.5	
9	11:37	#2	0.6	
10	6:05	TANK	0.6	
11	10:11	TANK	0.6	
12	8:58	#3	0.5	
13	9:09	TANK	0.5	
14	11:05	TANK	0.5	
15	5:14	#3	0.3	
16	6:42	TANK	0.5	
17	7:10	#3	0.5	
18	9:49	TANK #3	0.5	
19	9:08	TANK	0.5	
20	10:11	#2	0.5	
21	9:48	#5	0.5	
22	8:55	#1 TANK	0.3	
23	7:09	#1 TANK	0.5	
24	6:32	TANK	0.5	
25	4:18	TANK	0.5	
26	5:52	#2	0.5	
27	10:14	TANK	0.5	
28	9:32	TANK	0.5	
29	5:21	#3	0.5	
30	10:01	TANK	0.5	
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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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>	

Printed Name: MIAN HOEFFLINGER Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Mian Hoeflinger Phone #: (541) 659-2503 OR  
 Date: 9/30/21 Small Groundwater System