

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

System Name Murphy Trailer Park PWS ID# 41 05280
 Month/Year 10/21 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	5:19	#3	0.5	
2	9:33	TANK	0.5	
3	9:59	TANK	0.5	
4	4:22	#4	0.5	
5	6:05	TANK	0.5	
6	7:01	TANK	0.5	
7	5:24	#1	0.5	
8	10:05	#5	0.5	
9	5:28	TANK	0.5	
10	10:11	TANK	0.5	
11	9:22	TANK	0.5	
12	3:57	#2	0.5	
13	6:09	TANK	0.5	
14	4:55	#1	0.6	
15	5:05	TANK	0.6	
16	9:46	TANK	0.6	
17	10:12	#3	0.6	
18	2:07	TANK	0.6	
19	5:42	TANK	0.6	
20	1:09	#5	0.6	
21	5:21	TANK	0.6	
22	5:46	TANK	0.6	
23	9:40	TANK	0.6	
24	11:01	#2	0.6	
25	6:12	TANK	0.6	
26	5:05	#4	0.6	
27	8:59	#1	0.6	
28	9:13	TANK	0.6	
29	10:41	TANK	0.6	
30	10:11	#3	0.6	
31	9:43	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>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: HAN HOEFFLINGER Title: OWNER Operator Certification #: _____
 Signature: Han Hoeflinger Phone #: (541) 659-2503 OR
 Date: 10/31/21 Small Groundwater System