State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Murphy Trailer Park PWS ID# 41 05280

Month/Year: 12/21 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	1:42	TANK	0.7	
2	3:10	TANK	0.7	
3	4:27	#2	0.7	
4	12:16	TANK	0.7	
5	9:29	#4	0.7	
6	11:17	TANK	0.7	
7	2:08	#1	0.7	
8	9:17	TANK	0.7	
9	12:09	#3	0.7	
10	9:50	TANK	0.7	
11	4:10	TANK	0.7	
12	5:09	#2	0.7	
13	11:18	TANK	0.8	
14	1:21	TANK	0.8	
15	3:18	#1	0.8	
16	5:10	TANK	0.8	
17	4:38	TANK	0.8	
18	2:46	#5	0.8	
19	4:05	TANK	0.8	
20	11:07	TANK	0.7	
21	12:19	#4	0.7	
22	4:04	TANK	0.7	
23	10:19	#3	0.7	
24	1:33	TANK	0.7	
25	3:01	TANK	0.7	
26	2:38	#1	0.7	
27	7:42	TANK	0.6	
28	12:20	#2	0.6	
29	10:41	TANK	0.6	
30	4:00	TANK	0.6	
31	9:13	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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: Alan Hoeffinger Title: Owner

Signature: Alan Hoeffinger Phone #: (541) 659-2803

Date: 12/31/21

Operator Certification #: _____

OR

Small Groundwater System ☐