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

| Date Time Source(s) in use Lowest free chlorine residual at entry point to distribution system (mg/L)  1   | System Name Murphy Trailer Park PWS ID# 41 05280   |                |  |  |  |                            |  |  |
|--|--|----------------|--|--|--|----------------------------|--|--|
| Date  Time  Source(s) in use  residual at entry point to distribution system (mg/L)  O   | 10 01 // 10/11 44  |                |  |  |  |                            |  |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Date   | Time           | Source(s)  | in use   | residual at entry point to   |                            | Notes  |  |
| 4  | 1  | 1:42 TANK      |  |  | 0.17   | ,                          |  |  |
| 4 5 9 7 7 7 7 8 9 7 7 7 7 7 7 7 7 7 7 7 7 7  |  | 3:10           | 3:10 TANK  |  | 0.7  |                            | ALE BELLEVILLE   |  |
| Signature:     All   A |  | 4027           | #3   |  | 0.7  |                            |  |  |
| 8 9/7 PAN  |  | 12:16          | TANK   |  | 8,7  |                            |  |  |
| 8 9 77   | 5  | 9:29           | # 9/   |  | 80%  |                            | and the second second  |  |
| 8 9 2 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | 16.64          | 744  |  | X'n  |                            |  |  |
| 9 10 9 50 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | 0107           | TOATE  |  | 0.7  |                            |  |  |
| 10   |  | 12.00          | TAND   |  | 6.6  |                            |  |  |
| 11   |  | 9:50           | Dell'  |  | 87   |                            |  |  |
| 12 3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1   |  | 450            | TAUK   |  | 6:17   |                            |  |  |
| 13   |  | 5.09           | #2   | ***************************************                        | 6.7  |                            |  |  |
| 15   16   17   17   18   18   19   19   19   19   19   19  |  | 11:18          | TANK   |  | 0.8,   |                            |  |  |
| 16 17 13 14 15 14 15 14 15 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15  | 14   | 1:21           | TANK   |  | 0.8,   |                            |  |  |
| 17 18 29 20 20 21 22 23 20 24 24 25 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29  |  | 3:18           | #1   |  | 2: 8/  |                            |  |  |
| 18 19 10 10 10 10 10 10 10 10 10 10 10 10 10   |  | 5:10           | TANK   |  | 0,4  |                            | and the second s |  |
| 19   |  | 4:20           | TANK   | ,  | 0,5  |                            |  |  |
| 20   |  | 2146           | Th.11 # 2  |  | 010  |                            | T-411A   |  |
| 21 22 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |  | 4100           | THINK  |  | 0.8  |                            |  |  |
| 22   |  | 17:10          | # 11   |  | 0.7  |                            |  |  |
| 23   |  | 4:04           | TANK   |  | 25   |                            |  |  |
| 24   |  | 10:19          | #3   |  | 0.7  |                            |  |  |
| 26 27 28 27 29 29 29 29 29 29 29 29 29 29 29 29 29   |  | 11:33          | TANK   |  | 0.7  |                            |  |  |
| 28   | 25   | 3,01           | TANK   |  | 0,7  |                            | '4   |  |
| 28   |  | 2:28           | #1   |  | 07   |                            | 43   |  |
| Was the chlorine residual ever less than the required minimum residual ofmg/L?   |  | 1042           | TANI   | <  | 0,6  |                            |  |  |
| Was the chlorine residual ever less than the required minimum residual ofmg/L?   |  | 1xixu          | # X  |  | 0,6  |                            |  |  |
| Was the chlorine residual ever less than the required minimum residual ofmg/L?   |  | 1004           | HAN  | <b>—</b>   | 99   |                            |  |  |
| Was the chlorine residual ever less than the required minimum residual ofmg/L?   |  | 91/2           | THE PARTY OF THE P | <u> </u>   | Cig.   |                            |  |  |
| 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?  |  |                |  |  |  |                            |  |  |
| If yes, did you monitor every four hours until the residual returned tomg/L as required? ☐ Yes ☐ No  Attach those results and submit them with this form.  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.  Printed Name: Attach those results and submit them with this form.  Date 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 fail at any time this reporting month? ☐ Yes ☐ No  Operator Certification #:  OR  | If yes, what was the longest time period until the required level was restored? Hours - If > 4 hours, Drinking Water Program to be   |                |  |  |  |                            |  |  |
| until the residual returned tomg/L as required? ☐ Yes ☐ No  Attach those results and submit them with this form.  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.  Printed Name: HAN HOEFTINGEF— Title: DWNLK— Operator Certification #.  Signature: Wan Haffings — Phone # (54) 679-2907 OPERATOR OPE   | GWS Serving 3,300 or Fewer GWS   |                |  |  |  | re Than 3,3                | 000  |  |
| until the residual returned tomg/L as required? ☐ Yes ☐ No  Attach those results and submit them with this form.  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.  Printed Name: HAN HOEFTINGEF— Title: DWNLK— Operator Certification #.  Signature: Wan Haffings — Phone # (54) 679-2907 OPERATOR OPE   | of yes, o  | did you monito | or every four hours  |  |  |                            | Date continuous monitoring   |  |
| Attach those results and submit them with this form.  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  | until the residual returned to mg/L as   |                |  |  |  |                            |  |  |
| Attach those results and submit them with this form.  Continuous monitoring equipment was returned to service as required?  Printed Name: HAN HOEFFINGEF Title: DWNLK Operator Certification #   | ALL DO COLOR DE LA |                |  | If yes, were grab samples collected every four hours until the |  |                            |  |  |
| Attach grab sample results and submit them with this form.  Printed Name: HAN HOEFFLINGEF Title: UNNEL Operator Certification #  Signature: Wan Harflinger Phone # (541) 679-2903 OR   |  |                |  | continuous monitoring equipment was returned to service as     |  |                            |  |  |
| Printed Name: HAN HOEFFINGEF Title: DWNER Operator Certification #: Signature: War Hoffing Phone #: (541) 659-2503 OR  | นกเร TOTM.   |                |  |  |  |                            |  |  |
| Signature: War Hoffling Phone # (541) 659-2503 OR  |  |                |  | Attach grab sample results and submit them with this form.     |  |                            |  |  |
| 11 21 (11)   | Printed I  | Vame: H        | AN, HOEHTIN  | IGEF Title:  | OWNER,   | Operator Ce                | ertification #:  |  |
| 11 21 111)   | Signatur   | e: Man         | tallings   | Phone  | # (541) 659-2903   |                            | OR   |  |
| Lipale 177 1 1 1 1 7 7 7 1 1 1 1 1 1 1 1 1 1   | Date:  | 12,31,         | 110  |  | y of the same of t | Small Groundwater System □ |  |  |