

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

System Name Murphy Trailer Park PWS ID# 41 05280
 Month/Year 1/22 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	3:22	#1 TANK	0.7	
2	4:07	TANK	0.7	
3	10:22	TANK	0.7	
4	4:55	#2 TANK	0.7	
5	1:52	TANK	0.7	
6	4:12	TANK	0.7	
7	10:11	TANK	0.6	
8	4:10	#1 TANK	0.6	
9	12:16	TANK	0.6	
10	3:26	TANK	0.6	
11	11:10	#4 TANK	0.6	
12	9:13	TANK	0.6	
13	10:09	TANK	0.6	
14	8:51	#5 TANK	0.6	
15	10:09	TANK	0.6	
16	2:10	#2 TANK	0.6	
17	4:33	TANK	0.6	
18	11:17	TANK	0.7	
19	10:09	#3 TANK	0.7	
20	9:43	TANK	0.7	
21	9:13	TANK	0.7	
22	4:10	#1 TANK	0.7	
23	3:29	TANK	0.7	
24	11:03	TANK	0.7	
25	9:49	#4 TANK	0.7	
26	10:22	TANK	0.7	
27	10:07	TANK	0.7	
28	11:05	TANK	0.7	
29	3:14	#2 TANK	0.7	
30	5:04	#3 TANK	0.7	
31	5:29	TANK	0.7	

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: MIAN HOEFFLINGER Title: OWNER Operator Certification #: _____
 Signature: Mian Hoeflinger Phone #: (541) 679-2503 OR
 Date: 2/1/22 Small Groundwater System