

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

System Name Murphy Trailer Park PWS ID# 41 05280
 Month/Year 2 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	10:39	TANK	0.7	
2	10:02	#2	0.7	
3	4:34	TANK	0.7	
4	9:14	TANK	0.7	
5	4:36	TANK	0.7	
6	3:05	#3	0.7	
7	9:59	TANK	0.7	
8	9:42	#1	0.7	
9	3:20	TANK	0.8	
10	4:31	#2	0.8	
11	11:19	#3	0.8	
12	10:04	TANK	0.8	
13	9:33	TANK	0.8	
14	3:19	#2	0.8	
15	5:10	TANK	0.8	
16	10:02	TANK	0.7	
17	10:41	#3	0.7	
18	9:26	TANK	0.7	
19	5:14	#1	0.7	
20	4:49	TANK	0.7	
21	4:37	TANK	0.7	
22	5:31	TANK	0.7	
23	10:06	TANK	0.7	
24	10:58	#2	0.7	
25	4:44	TANK	0.7	
26	9:36	#3	0.7	
27	10:14	TANK	0.7	
28	9:09	TANK	0.7	
29				
30				
31				

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>
--	--	---

Printed Name: ALAN HOEFFLINGER Title: OWNER Operator Certification #: _____
 Signature: Alan Hoefflinger Phone #: (541) 659-2503 OR
 Date: 2 1 28 22 Small Groundwater System