

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

System Name **Hanley Farm Living History Museum**

PWS ID# **4 1 99571**

Month/Year ~~Oct 2020~~ **Oct 2021**

Entry Point: **contact tank hose bib**

Required Minimum Residual **1.0 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10 24	New well	3.4	iw
2	14 02	New well	2.4	TM
3	12 06	New well	3.2	TM
4	11 22	new well	3.4	iw
5	17 07	new well	3.0	iw
6	16 14	new well	3.2	iw
7	14 34	new well	3.2	iw
8	13 46	new well	2.6	iw
9	10 58	new well	2.4	TM
10	13 34	new well	2.4	TM
11	09 55	new well	1.2	TM
12	23 00	new well	2.2	iw
13	12 44	new well	1.2	iw
14	12 44	new well	3.4	iw
15	14 18	new well	3.2	iw
16	14 38	new well	1.2	TM
17	12 17	new well	3.2	TM
18	1 22	new well	3.4	iw
19	17 41	new well	3.4	iw
20	12 50	new well	3.0	iw
21	13 28	new well	2.0	iw
22	14 19	new well	2.0	iw
23	10 53	new well	1.2	TM
24	10 48	new well	1.2	TM
25	11 57	new well	3.4	iw
26	16 10	new well	3.4	iw
27	15 07	new well	3.2	iw
28	10 15	new well	3.0	iw
29		new well		
30		new well		
31		new well		

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <i>Attach those results and submit them with this form.</i></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 checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Tam Moore Signature: <i>Tam Moore</i> Date: 31 21 2021	Title: project coordinator Phone #: (541 890 0992)	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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