

**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

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	1046	New well	2.8	iw
2	1349	New well	1.4	TM
3	1139	New well	1.4	TM
4	932	new well	3.0	iw
5	1336	new well	2.0	iw
6	1519	new well	2.4	iw
7	1457	new well	2.8	iw
8	1041	new well	2.4	iw
9	1109	new well	1.4	TM
10	1114	new well	1.9	TM
11	914	new well	3.0	iw
12	1647	new well	2.6	iw
13	1112	new well	2.2	iw
14	1426	new well	1.8	iw
15	1208	new well	1.4	iw
16	1538	new well	1.6	TM
17	1414	new well	1.2	TM
18	1628	new well	3.2	iw
19	1444	new well	3.2	iw
20	1815	new well	3.2	iw
21	1225	new well	2.2	iw
22	1419	new well	3.0	iw
23	1349	new well	1.8	TM
24	1101	new well	1.5	TM
25	922	new well	2.2	iw
26	1309	new well	3.0	iw
27	1244	new well	1.2	iw
28	1822	new well	2.2	iw
29	1058	new well	2.8	iw
30	1052	new well	1.1	TM
31	0902	new well	1.2	TM

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 type="checkbox"/> No</p> <p>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: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Tam Moore

Title: project coordinator

Operator Certification #:

Signature: _____

Phone #: (541 890 0992)

OR

Date: / /

Small Groundwater System