

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

System Name **Hanley Farm Living History Museum**

PWS ID# **41 99571**

Month/Year **APR 2021**
~~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 | 1056 | New well | 3.4 | iw |
| 2 | 1555 | New well | 3.4 | iw |
| 3 | 1827 | New well | 2.6 | iw |
| 4 | 1044 | new well | 2.0 | iw |
| 5 | 1101 | new well | 2.0 | iw |
| 6 | 1128 | new well | 1.2 | TM |
| 7 | 0855 | new well | 1.6 | TM |
| 8 | 1206 | new well | 2.0 | iw |
| 9 | 1012 | new well | 2.6 | iw |
| 10 | 1732 | new well | 3.0 | iw |
| 11 | 401 | new well | > 3.4 | iw |
| 12 | 2010 | new well | > 3.4 | iw |
| 13 | 1116 | new well | 1.4 | TM |
| 14 | 1422 | new well | 1.3 | TM |
| 15 | 1139 | new well | 3.0 | iw |
| 16 | 2038 | new well | 3.2 | iw |
| 17 | 1846 | new well | 1.6 | iw |
| 18 | 1831 | new well | 1.4 | iw |
| 19 | 1849 | new well | 2.0 | iw |
| 20 | 1123 | new well | 1.6 | TM |
| 21 | 1148 | new well | 1.4 | TM |
| 22 | 920 | new well | 2.2 | iw |
| 23 | 1059 | new well | 1.8 | iw |
| 24 | 1121 | new well | 1.4 | iw |
| 25 | 1637 | new well | 1.4 | iw |
| 26 | 1848 | new well | 1.4 | iw |
| 27 | 1140 | new well | 1.2 | TM |
| 28 | 1335 | new well | 1.2 | TM |
| 29 | 1135 | new well | 3.4 | iw |
| 30 | 1601 | new well | 2.8 | iw |
| 31 | n/a | 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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?

Attach those results and submit them with this form.

GWS Serving More Than 3,300

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?

Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: **Tam Moore**

Title: **project coordinator**

Operator Certification #:

Signature: _____

Phone #: **(541 890 0992)**

OR

Date: **/ /**

Small Groundwater System