

**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 SEP 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	1047	New well .	1.2	TM
2	1602	New well	3.0	iw
3	1241	New well	1.2	iw
4	1619	new well	1.0	iw
5	1749	new well	1.2	iw
6	1637	new well	1.0	iw
7	1150	new well	1.0	TM
8	1523	new well	2.2	TM
9	1902	new well	3.0	iw
10	1337	new well	1.2	iw
11	1903	new well	1.6	iw
12	1902	new well	1.4	iw
13	1918	new well	1.2	iw
14	1104	new well	1.4	TM
15	1207	new well	1.0	TM
16	1922	new well	1.6	iw
17	1904	new well	2.4	iw
18	1754	new well	1.8	iw
19	1821	new well	1.8	iw
20	1304	new well	1.8	iw
21	1051	new well	1.0	TM
22	0931	new well	2.0	TM
23	1920	new well	2.6	iw
24	1716	new well	2.2	iw
25	1832	new well	1.8	iw
26	1807	new well	1.4	iw
27	1907	new well	1.2	iw
28	0951	new well	1.0	TM
29	1204	new well	1.2	TM
30	1932	new well	3.0	iw
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

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: Tam Moore

Phone #: (541 890 0992)

OR

Date: 10/5/2021

Small Groundwater System