

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 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	1658	New well	2.0	iw
2	1746	New well	1.4	iw
3	1755	New well	1.2	iw
4	2014	new well	1.0	iw
5	1043	new well	1.0	TM
6	1312	new well	1.0	TM
7	1813	new well	1.4	iw
8	1601	new well	1.4	iw
9	1506	new well	1.2	iw
10	1321	new well	1.4	iw
11	1548	new well	1.4	iw
12	0950	new well	1.0	TM
13	1225	new well	1.0	TM
14	1945	new well	2.4	iw
15	1715	new well	1.8	iw
16	1736	new well	1.4	iw
17	1707	new well	1.2	iw
18	MISSED	new well	—	MISSED
19	1607	new well	1.2	TM
20	1205	new well	1.2	TM
21	1715	new well	2.4	iw
22	1643	new well	1.8	iw
23	1717	new well	1.4	iw
24	1402	new well	1.0	iw
25	1601	new well	1.0	iw
26	1854	new well	1.6	TM
27	1523	new well	1.0	TM
28	1827	new well	2.4	iw
29	1625	new well	1.4	iw
30	1130	new well	1.2	iw
31	1708	new well	1.2	iw

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? 1 hours TM

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: 11 / 02 / 2021

Small Groundwater System