

**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. /2022**

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	9:50	New well	1.4	TL
2	10:35	New well	1.2	TL
3	17:30	New well	2.8	TL
4	17:00	new well	2.8	TL
5	09:48	new well	2.9	TL
6	10:34	new well	2.1	TL
7	14:03	new well	1.6	TL
8	09:23	new well	1.0	TL
9	3:33	new well	1.6	TL
10	12:00	new well	2.8	TL
11	12:00	new well	2.6	TL
12	12:41	new well	1.8	TL
13	12:44	new well	2.0	TL
14	10:59	new well	1.0	TL
15	9:29	new well	1.5	TL
16	2:34	new well	1.5	TL
17	18:30	new well	1.4	TL
18	11:35	new well	1.4	TL
19	12:13	new well	1.4	TL
20	12:42	new well	3.0	TL
21	10:20	new well	2.6	TL
22	12:00	new well	3.3	TL
23	13:20	new well	3.4	TL
24	15:30	new well	3.2	TL
25	17:30	new well	3.2	TL
26	09:46	new well	3.1	TL
27	10:45	new well	1.1	TL
28	11:17	new well	2.1	TL
29	1:26	new well	1.5	TL
30	10:50	new well	1.7	TL
31	18:30	new well	2.1	TL

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	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to _____ mg/L? Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: **Thom Gilsdorf**
 Signature: *Thom Gilsdorf*
 Date: **2 NOV 2022**

Title: **project coordinator**
 Phone #: **(541 601) 6203**

Operator Certification #: _____
 OR
 Small Groundwater System