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

Month/Year Oct   2021   Entry Point   Contact tank hose bib   Required Minimum Residual   1.0 mg/L	System Name Hanley Farm Living History Museum PWS ID# 4 1 99571								
Date   Time   Source(s) in use   distribution system (mg/L)	Month/Year Oct /2021 Entry Point: contact tank hose bib Required Minimum Residual 1.0 mg/L								
1746   New well	Date	Time	Source(s) in use		residual at entry point to				
1746	1	1658	New well	2.0		iw			
1755   New well   1.0   1744   1.0			New well	1.4		iw.			
10   10   10   10   10   10   10   10	3		New well	1.2		, W = 1			
1	4	2014	new well	1.0					
1	5		new well						
8		1312	new well			TM			
9   1506   new well	7	1813	new well		1.4			I W	
10	8	1601	new well					12	
11	9	1506	new well					, W	
12		1321	new well					iw	
13			new well	*	1 . 1				
14		0950				TM			
15   1715   new well   1.9   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0   1.2   1.0						/ /			
16   173L   new well   1.4   1.4   1.4   1.4   1.4   1.5   1.7									
17   17 07   new well     1.2   1.2   1.3   1.2   1.3   1.3   1.2   1.4   1.3   1.									
18    Miss   Signature:   Miss   Signature:   Miss   Signature:   Miss   Signature:   Miss   Signature:   Miss   Signature:   Miss									
19 1007 new well 1.2 TW9  20 12c5 new well 2.4 1.5 iwwwell 1.5 iwwww.  21 1717 new well 1.5 iwww.  22 1643 new well 1.5 iww.  23 1717 new well 1.4 iww.  24 1402 new well 1.0 iww.  25 16c1 new well 1.0 iww.  26 1854 new well 1.0 iww.  27 152z new well 2.4 iww.  28 1827 new well 2.4 iww.  29 1625 new well 2.4 iww.  29 1625 new well 1.2 iww.  29 1625 new well 1.2 iww.  29 1625 new well 1.2 iww.  30 1130 new well 1.2 iww.  Was the chlorine residual ever less than the required minimum residual of mg/L? Yes No lf yes, what was the longest time period until the required level was restored? I hours TW1  GWS Serving 3,300 or Fewer lf yes, did you monitor every four hours until the residual returned to mg/L?  Attach those results and submit them with this form.  Bid continuous monitoring equipment fail at any time this reporting month? Yes No  Attach those results and submit them with this form.  Printed Name-Tam Moore Title: project coordinator Operator Certification #:  Signature: Phone #: (541 890 0992)  OR				1.2		1 W			
20   12 c S   new well   C C C C C C C C C C C C C C C C C C				**************************************					
21 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/							
22 16 43 new well 23 6 1717 new well 24 1402 new well 25 16c1 new well 26 1854 new well 27 1525 new well 28 1857 new well 29 16 25 new well 30 1130 new well 31 1708 new well 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1									
23									
24 1407 new well 25 1601 new well 26 1854 new well 27 1522 new well 28 1827 new well 29 1625 new well 30 1130 new well 31 1708 new well 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1									
25   16c1   new well   1.0   1   1   1   1   1   1   1   1   1						P			
26   1854   new well   1.6   TM   27   1522   new well   1.0   TM   28   1827   new well   2.4   1.4   29   1.625   new well   1.2   1.4   30   1.708   new well   1.2   1.4   31   1708   new well   1.2   1.4   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 TM    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?   Yes   No    Attach those results and submit them with this form.   Date 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?   Date it was returned to service:   Attach grab sample results and submit them with this form.   /    Printed Name-Tam Moore   Title: project coordinator   Operator Certification #:   Signature:   Phone #: (541 890 0992)   OR	The second second								
27   1522   new well   1.0   TM     28   1827   new well   2.4   1.4   1.4     30   1/30   new well   1.2   1.4     31   1708   new well   1.2   1.4     Was the chlorine residual ever less than the required minimum residual of flyes, what was the longest time period until the required level was restored?   hours TM		the state of the s					TM		
28   1827   new well   2,4									
29 \b25 new well 30 \\\^3\) new well 31 \\\^3\) new well 32 \\\^3\) new well 33 \\\^3\) new well 34 \\\^3\) new well 35 \\\^3\) new well 36 \\\^3\) new well 37 \\\^3\) new well 38 \\\^3\) new well 39 \\\^3\) new well 30 \\\^3\) new well 31 \\\^3\) new well 31 \\\^3\) new well 32 \\\^3\) new well 33 \\\^3\) new well 34 \\\^3\) new well 35 \\\^3\) new well 36 \\\^3\) new well 37 \\\^3\) new well 38 \\\^3\) new well 39 \\\^3\) new well 39 \\\^3\) new well 30 \\\^3\) new well 31 \\\^3\) new well 31 \\\^3\) new well 31 \\\^3\) new well 32 \\\^3\) new well 32 \\\^3\) new well 33 \\\^3\) new well 34 \\\^3\) new well 35 \\\^3\) new well 36 \\\^3\) new well 37 \\\^3\) new well 38 \\\^3\) new well 39 \\\^3\) nour set ontinuous monitoring equipment fail at any time this reporting months; pequipment failed: 30 \\\^3\) new new returned to service? 30 \\\^3\) notinuous monitoring equipment was returned to service? 30 \\\^3\) notinuous monitoring equipment was returned to service? 30 \\\^3\) notinuous monitoring equipment was returned to service? 31 \\\^3\) notinuous monitoring equipment nours until the continuous monitoring equipment fail at any time this reporting nours well notinuous monitoring equipment fail at any time this reporting nours well notinuous monitoring equipment was returned to service? 32 \\\ 33 \\\^3\) notinuous monitoring equipment was returned to service? 33 \\\ 34 \\\^3\) notinuous monitoring equipment was returned to service? 34 \\\ 35 \\\^3\) notinuous monitoring equipment was returned to service? 35 \\\ 36 \\\^3\) notinuous monit						1			
30 1 30 new well 31 1708 new well 31 1708 new well 32 1 1708 new well 33 1 1708 new well 34 1708 new well 35 1708 new well 36 1708 new well 37 1708 new well 38 1708 new well 39 1708 new well 30 1 1708 new well 30 1 1708 new well 30 1 1708 new well 31 1708 new well 31 1708 new well 32 1 1708 new well 33 1 1708 new well 34 1708 new well 35 1708 new well 36 1708 new well 37 1708 new well 38 1708 new well 39 1708 new well 30 1 1708 new well 30 1 1708 new well 30 1 1708 new well 31 1708 new well 31 1708 new well 32 1 1708 new well 33 1 1708 new well 34 1708 new well 35 1708 new well 36 1708 new well 37 1708 new well 38 1708 new well 39 1708 new well 30 1708 new well 30 1708 new well 30 1708 new well 31 1708 new well 31 1708 new well 31 1708 new well 32 1708 new well 33 1 1708 new well 36 1708 new well 36 1708 new well 37 1708 new well 38 1708 new well 38 1708 new well 39 1708 new well 39 1708 new well 30 1708 new well 31 1708 new held 31 1708 new well 31 1708 new we				6			•		
31   1708   new well   1.2   i W	1					1.			
Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? I 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.  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.  Printed Name: Fam Moore  Signature:  Phone #: (541 890 0992)  OR									
If yes, what was the longest time period until the required level was restored? I 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.  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?  Attach grab sample results and submit them with this form.  Printed Name Fam Moore  Signature:  Phone #: (541 890 0992)  OR  Date continuous monitoring equipment fail at any time this equipment failed:    / Date it was returned to service:   / / Date it was returned to service:   / Date it was	5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
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.  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?  Attach grab sample results and submit them with this form.  Printed Name: Fam Moore  Signature:  Phone #: (541 890 0992)  GWS Serving More Than 3,300  Date continuous monitoring equipment fail at any time this patents and submit this form.  Patents and submit them with this form.  Phone #: (541 890 0992)  OR									
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? Yes No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  Attach grab sample results and submit them with this form.  Printed Name: Fam Moore Signature:  Phone #: (541 890 0992)  Date continuous monitoring equipment fail at any time this reporting month? Yes No  Operator Certification #:  OR									
until the residual returned to mg/L?  Attach those results and submit them with this form.  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?    Yes   No   Date it was returned to service:   Attach grab sample results and submit them with this form.    Printed Name: Fam Moore   Title: project coordinator   Operator Certification #:   Signature:   Authoric   Phone #: (541 890 0992)   OR		_							
this form.  continuous monitoring equipment was returned to service?  Printed Name: Fam Moore Signature:  Continuous monitoring equipment was returned to service?  Attach grab sample results and submit them with this form.  Title: project coordinator  Phone #: (541 890 0992)  OR							ny time this		
Attach grab sample results and submit them with this form.    Printed Name: Fam Moore   Title: project coordinator   Operator Certification #:   Signature:   Phone #: (541 890 0992)   OR			and submit them with	continuous monitoring equipment was return			ed to service? Date it was returned to		
Signature: Phone #: (541 890 0992) OR		·		<del>-</del>					
Signature:   Aullone   Phone #: (541 890 0992) OR	Printed	Name: Tam N	Moore	Title: project coordinator		Operator Certification #:			
	· 1	1	gullore						
		/	17021		,		Small Gr	oundwater System	