

**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 JUN 2021
Oct 2020 TM

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	1123 1142	New well	1.8	TM
2	1234	New well	1.1	TM
3	925	New well	2.8	iw
4	1717	new well	1.0	iw
5	1325	new well	1.0	iw
6	1644	new well	1.2	iw
7	2130	new well	1.4	iw
8	1030	new well	1.2	TM
9	1156	new well	1.2	TM
10	1812	new well	1.4	iw
11	1057	new well	1.0	iw
12	1605	new well	1.0	iw
13	1518	new well	1.6	iw
14	1829	new well	1.2	iw
15	1110	new well	1.0	TM
16	1354	new well	2.2	TM
17	2139	new well	1.4	iw
18	1025	new well	1.2	iw
19	2216	new well	1.2	iw
20	1922	new well	1.2	iw
21	0800	new well	1.2	TM
22	1052	new well	1.2	TM
23	1325	new well	1.0	TM
24	1533	new well	1.0	iw
25	1053	new well	1.4	iw
26	1824	new well	1.4	iw
27	1816	new well	1.4	iw
28	1849	new well	1.4	iw
29	1537	new well	1.0	TM
30	1204	new well	1.2	TM
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: 7/11/2021

Small Groundwater System