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: July /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	1007	New well	2.2	IW
2	2017	New well	1.4	IW
3	1401	New well	1.6	IW
4	2122	new well	2.2	IW
5	1217	new well	1.6	IW
6	1014	new well	1.0	TM
7	1153	new well	2.1	TM
8	1408	new well	1.2	IW
9	1042	new well	1.2	IW
10	936	new well	1.2	IW
11	1445	new well	1.2	IW
12	1107	new well	1.8	TM
13	1603	new well	1.2	TM
14	1838	new well	3.4	IW
15	1406	new well	2.2	IW
16	1033	new well	1.6	IW
17	1941	new well	2.0	IW
18	2022	new well	1.8	IW
19	1917	new well	2.0	IW
20	1230	new well	1.0	TM
21	1448	new well	1.2	TM
22	2054	new well	1.8	IW
23	1040	new well	1.2	IW
24	2044	new well	1.6	IW
25	1341	new well	1.2	IW
26	1919	new well	1.8	IW
27	1050	new well	1.0	TM
28	1142	new well	1.4	TM
29	1904	new well	3.0	IW
30	1413	new well	1.4	IW
31	1107	new well	1.8	TM

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: 31 July 2021 — Small Groundwater System ☒