


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

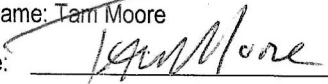
System Name **Hanley Farm Living History Museum** PWS ID# **41 99571** 

Month/Year **/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	1210	New well	1.4	TM
2		New well	MISSED	
3	1640	New well	3.2	iw
4	1222	new well	2.6	iw
5	1410	new well	1.8	iw
6	1640	new well	1.2	iw
7	1509	new well	1.4	TM
8	0951	new well	1.2	TM
9	1339	new well	2.0	iw
10	1318	new well	1.0	iw
11	1120	new well	1.6	iw
12	1356	new well	2.2	iw
13	1603	new well	1.2	iw
14	1056	new well	1.1	TM
15	1141	new well	1.0	TM
16	1850	new well	1.2	iw
17	1809	new well	1.6	iw
18	1731	new well	1.4	iw
19	2030	new well	1.2	iw
20	1426	new well	1.0	iw
21	1725	new well	1.0	TM
22	1203	new well	1.0	TM
23	1449	new well	1.4	iw
24	1550	new well	1.8	iw
25	1615	new well	1.0	iw
26	1603	new well	1.6	iw
27	1716	new well	1.0	iw
28	832	new well	1.0	iw
29	1140	new well	1.0	TM
30	1514	new well	1.0	iw
31		new well	messed	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? _____ hours

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>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 <i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Tam Moore Signature:  Date: 11/03/2022	Title: project coordinator Phone #: (541 890 0992)	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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