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 AUGU 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 | 1336 | New well | | 7.1 | *************************************** | THE | |
| 2 | | | | 2.4 | TW | | |
| 3 1105 New well | | | | 2.7 | Tu | | |
| 4 | 1033 | new well | | 7.8 | - | T My | |
| 5 | 0813 | new well | | 2-1 | TM | | |
| 6 | 905 | new well | | 1 | 6 | | |
| 7 | 1140 | new well | | 2.5 | 12 | (2) | |
| 8 | 1200 | new well | | 2.4 | | 51 | |
| 9 | 1800 | new well | | 2.3 | | · · · · · · · · · · · · · · · · · · · | |
| 10 | 1017 | new well | | 3,5 | 1/1 | 1 | |
| 11 | 0919 | new well | | 1.0 | Tus | | |
| 12 | 1000 | new well | | 1.0 | 1911 | | |
| 13 | 1028 | new well | • | 3.0 | TW | 19 | |
| 14 | 10 28 | new well | | 2.860 | (A) | | |
| 15 | 1019 | new well | | 2.261.0 | | +714, | |
| 16 | 1204 | new well | | 3.5 | S. II. | 1 | |
| 17 | 1/34 | new well | | 7,6 | The | - | |
| 18 | 6959 | new well | | 110 | TUA | | |
| 19 | 1659 | new well | | 2.2 | 7111 | 1 | |
| 20 | 10 20 | new well | | 2.4 | (Ze) | | |
| 21 | 1153 | new well | | 2 | 19 | | |
| 22 | 1023 | new well | | 3.0 | - (3 | THI | |
| 23 | 1103 | new well | | 1.0 | TIM | / | |
| 24 | 1037 | new well | | 2.7 | 1 | U | |
| 25 | 1105 | new well | | 1.0 | 1 | 1 | |
| 26 | 08 56 | new well | | 1.1 | fi | | |
| 27 | 959 | new well | | 3,5 | \$ | w) | |
| - 28 | 1100 | new well | | 3,4 | To the | 3) | |
| 29 | 1200 | new well | | 3.2 | | 70 | |
| 30 | 13 | new well | | 2.8 | 1 |) | |
| 31 | 1119 | new well | | 2.8 | TH | | |
| 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? | | | | | | | |
| GWS Serving 3,300 or Fewer GWS Serving More Than 3,300 | | | | | | 300 | |
| If yes, did you monitor every four hours | | | | | | 1 | |
| until the residual returned to mg/L? | | | Did continuous monitoring equipment fail at al reporting month? Yes No | | y time this | Date continuous monitoring equipment failed: | |
| | | and submit them with | If yes, were grab samples collected every four he | | hours until the | 1 1 | |
| continuous monitoring equipment was ref | | | | | to service? | Date it was returned to | |
| | | * | ☐ Yes ☐ No | | | service: | |
| | | * | Attach grab sam | grab sample results and submit them with this for | | 1 1 | |
| عب | Printed Name: Thom Gilsdorf Jan. Worke Title: project coordinator | | | | | Operator Certification #: | |
| Signature: Phone #: (541 601) 6203 | | | | | | OR | |
| Pate: 8/3//2022 | | | | | | | |
| | | | | | Small Groundwater System ⊠ | | |