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						99571
Month/Year ARL 12022 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	11:04	New well		2.6	Lon	
2	02147	New well		20		
- 3	1620	New well		30	76	
4	1550	new well		1.2	TG	46
5	900	new well		1.2	TG	
6	6823	new well		* 1.4	THI	
7	1138	new well		2.4	TA	
8	905	new well		20	En	* .
9		new well No f	ower		No Sa.	in o/e
10	1330	new well		2,4	TG	
11	1547	new well		1.4	76	
12	12/5	new well		1.4	TG	7
13	0950	new well		2.5	Tu	1
14	1132	new well		211	In	1
15	115	new well		1,2	#m	
16	335	new weil		2,2	(Fn))
17	0725	new well		2.0	73	
.18 19	0820	new weil		2.0	16	
20	1400	new well		7.8	76	
21	1135	new well			749	
22	11/24	new well		1.8	110	1
23	9,54	new well		16	- Can	/
24 //>39 new well			-	1.6		
25	1/15	new well		1, 8 1, 8	(Zord)	
26	0950	new well		1.4	76	
27	0936	new well		1.7	711	
28	1415	new well		2.8	TW	
29	1158	new well		3,3	A	
30	230	new well		1,2	(40)	
31		new well				NATURAL DESCRIPTION OF THE PROPERTY OF THE PRO
Was the chlorine residual ever less than the required minimum residual of ℓ, o mg/L? ☐ Yes ☒ No						
If yes, what was the longest time period until the required level was restored? hours						
GW	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?						Date continuous monitoring equipment failed:
Attach those results and submit them with			if yes, were grab samples collected every four hours until the / /			1 1
this form.			continuous mor	nitoring equipment was return∈ ☐ Yes ☐ No	ed to service?	Date it was returned to service:
	SOMBANISH A JOSEPH A ANGELINE SOME SOME SOME SOME	ac president, consider eventualistic (27 - autom), assumation v. noticem	Attach grab sample results and submit them with this form.			! 1
Printed N	lame: Thor	Gilsdorf	Title: project coordinator		Cperator Certification #:	
Signatur	e: //	low I So	Phone #: (541 601) 6203		OR	
Date: 4 / 3 / 22/ Small Groundwater System ⊠						