

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

System Name **Hanley Farm Living History Museum**

PWS ID# **95571**

Month/Year **Jan 2023** 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	10:20		1.0	TM
2	10:55		1.2	TM
3	10:44		1.0	TM
4	11:12		1.4	TM
5	10:11		1.0	TM
6	11:24		1.2	TM
7	10:24		1.2	TM
8	10:40		1.0	TM
9	15:00		1.0	TM
10	11:00		1.2	TM
11	11:11		1.1	TM
12	15:20		1.4	TM
13	10:22		1.0	TM
14	14:25		3.4	TM
15	10:43		1.4	TM
16	14:08		1.3	TM
17	14:46		2.4	TM
18	10:16		2.2	TM
19	10:32		1.0	TM
20	10:17		1.3	TM
21	10:43		2.0	TM
22	12:16		5.2	TM
23	14:30		3.2	TM
24	16:25		3.4	TM
25	13:30		1.5	TM
26	13:45		2.5	TM
27	11:53 EDT			
28	11:10		1.8	TM
29	15:42		1.1	TM
30	15:30		3.2	TM
31	16:00		3.2	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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Tam Moore	Title: project coordinator	Operator Certification #: _____
Signature: <i>Tam Moore</i>	Phone #: (541)890-0992	OR
Date: 2/01/2023		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.