

**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 **Feb 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 | 1753 | | 3.2 | TM |
| 2 | 1800 | | 1.2 | GA |
| 3 | 1175 | | 1.3 | GA |
| 4 | 1150 | | 1.1 | TM |
| 5 | 1050 | | 3.0 | Free |
| 6 | 1500 | | 2.6 | DL |
| 7 | 1600 | | 3.2 | DL |
| 8 | 1600 | | 2.0 | GA |
| 9 | 1731 | | 1.8 | GA |
| 10 | 1030 | | 1.0 | TM |
| 11 | 1201 | | 1.4 | TM |
| 12 | 1052 | | 3.0 | DL |
| 13 | 1101 | | 1.6 | DL |
| 14 | 1300 | | 1.4 | DL |
| 15 | 1700 | | 2.4 | GA |
| 16 | 1330 | | 2.2 | GA |
| 17 | 1130 | | 2.4 | GA |
| 18 | 1200 | | 1.2 | GA |
| 19 | 1237 | | 3.0 | Free |
| 20 | 1700 | | 2.4 | DL |
| 21 | 1530 | | 2.2 | DL |
| 22 | 1230 | | 2.0 | GA |
| 23 | 1330 | | 1.6 | GA |
| 24 | 1015 | | 4.0 | GA |
| 25 | 1217 | | 1.0 | TM |
| 26 | 1058 | | 2.4 | Free |
| 27 | 1430 | | 2.6 | DL |
| 28 | 1120 | | 2.8 | DL |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |

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> |
|--|--|---|

Printed Name: Tam Moore Title: project coordinator Operator Certification #: _____
 Signature: *Tam Moore* Phone #: (541)890-0992 OR
 Date: 3/21/2023 Small Groundwater System

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.