

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

System Name **Hanley Farm Living History Museum**

PWS ID# **95571**

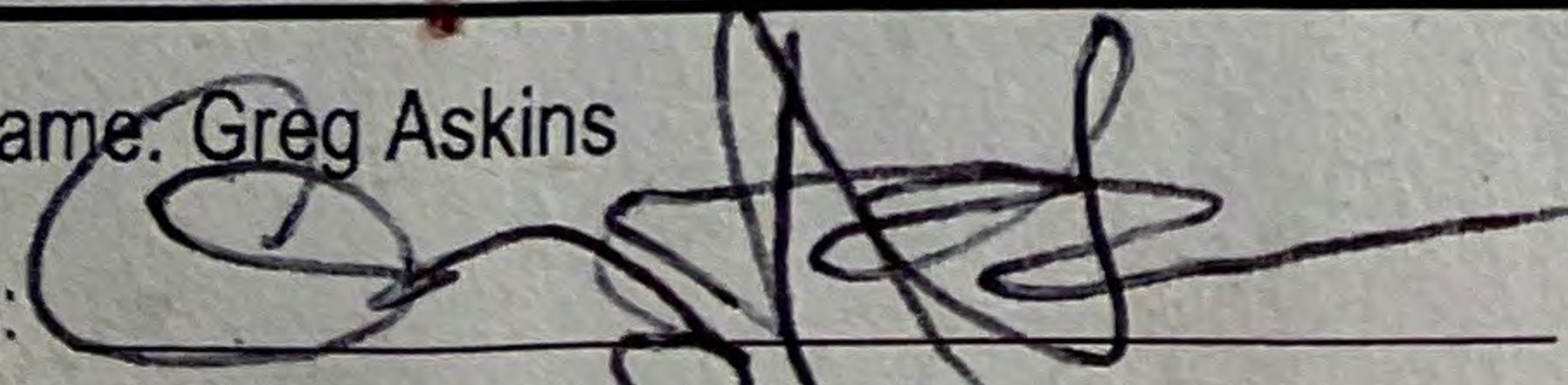
Month/Year **3 / 23** Entry Point: **Contact Tank hose bib**

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	1430		1.2	GA
2	1400		1.5	GA
3	1500		1.0	GA
4	1315		1.0	GA
5	1430		2.6	GA
6	1430		1.4	DL
7	1600		1.4	DL
8	1500		1.8	GA
9	1230		1.4	GA
10	1500		1.2	GA
11	1325		2.8	TM
12	-			
13	1330		3.4	DL
14	1730		3.2	DL
15	1600		3.0	GA
16	1430		2.8	GA
17	MISSED			
18	1832 1843		1.4	TM
19	1025		2.8	DL
20	1500		1.4	DL
21	1030		1.2	DL
22	1625		1.2	GA
23	1730		1.2	GA
24	1120		1.0	GA
25	1205		1.0	TM
26	1500		2.2	DL
27	1500		3.2	DL
28	1530		3.0	GA
29	1230		3.0	GA
30	1530		2.8	GA
31	1600		3.0	GA

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: Greg Askins Signature:  Date: 3/31/2023	Title: farm manager Phone #: (541)951 2202	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
--	---	--