

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 **MAY 12023** 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 ⁰⁰		3.2	DL
2	12 ⁰⁰		3.0	DL
3	MISSED			
4				
5	9:35		3.5	(AM)
6	10:31		2.0	FW
7	11:50		2.6	(DL)
8	17 ³⁰		3.2	DL
9	13 ³⁰		3.0	DL
10	15 ⁰⁰		2.8	GA
11				
12	MISSED			
13				
14	16:00		1.6	(DL)
15	MISSED			
16				
17	12:00		1.2	(DL)
18	11:30 11:20		5.5	(DL)
19	11:50 2A		1.2	(DL)
20	8:0 3A		1.2	(DL)
21	10:45		1.2	(DL)
22	15 ⁰⁰		1.4	DL
23	12 ⁰⁰		1.4	DL
24	14:00		2.2	(DL)
25	17:00		1.0	(DL)
26	12:00		1.8	(DL)
27	8:20		1.2	(DL)
28	11:00		2.8	(DL)
29	18 ⁰⁰		2.4	DL
30	17 ⁰⁰		1.2	DL
31	M. MISSED			

2
1
3
1

WRONG DATES

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 TAM MOORE	Title: farm manager	Operator Certification #:
Signature: <i>TAM MOORE</i>	Phone #: (541)951 2202	OR
Date: 6/3/2023		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.