

**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 August 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	13 <sup>00</sup>		3.0	DL
2	1046		3.0	TW
3	1120		1.2	PW
4	1250		1.1	DL
5	1130		2.8	DL
6	1040		1.2	DL
7	13 <sup>00</sup>		1.0	DL
8	14 <sup>00</sup>		1.4	DL
9	0830		1.0	PW
10	0900		1.6	DL
11	1120		2.4	DL
12	1036		1.0	DL
13	1533	Missed	1.8	DL
14	<del>1014</del>		3.2	Missed
15	14 <sup>00</sup>		3.2	DL
16	0945		1.0	DL
17	1014		1.2	DL
18	1115		1.2	DL
19	0953		3.1	TW
20	1048		3.2	DL
21	15 <sup>00</sup>		3.4	DL
22	Missed			
23	0940		1.6	DL
24	0850		1.5	DL
25	1217		2.1	DL
26	1034		1.0	DL
27	0321		1.4	DL
28	8 <sup>00</sup>		2.6	DL
29	11 <sup>00</sup>		2.4	DL
30	0915		2.6	DL
31	0945		1.5	DL

Was the chlorine residual ever less than the required minimum residual of 1.0 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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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: Greg Askins Title: Project Coordinator Operator Certification #: \_\_\_\_\_  
 Signature: Greg Askins Phone #: (541)951 2202 OR  
 Date: 11 SEPT 2023 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.