

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 **SEPT 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	10:01		1.0	TM
2	12:40		1.0	TM
3	10:50		3.1	(SLD)
4	11:00		1.2	DL
5	1:50		3.4	TM
6	08:23		3.4	TM
7	11:30		3.4	(TM)
8	08:30		3.0	(TM)
9	08:30		3.2	(TM)
10	08:30		2.0	(TM)
11	15:00		1.4	DL
12	17:00		1.0	DL
13	09:05		2.1	DL
14	09:00		2.5	DL
15	10:20		3.0	TM
16	11:29		1.2	TM
17	11:30		1.4	(TM)
18	12:30		3.4	DL
19	6:15		1.4	TM
20	09:10		3.3	DL
21	09:05		1.3	DL
22	07:55		3.1	TM
23	10:13		2.8	TM
24	12:55		2.8	(TM)
25	13:00		1.2	DL
26	14:00		2.2	DL
27	08:30		2.6	DL
28	09:20		2.0	DL
29	10:45		2.0	TM
30	09:20		2.0	(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><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 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 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 Astins** *John Moore* Title: **Project Lead Water** Operator Certification #: \_\_\_\_\_  
 Signature: *John Moore* Phone #: (541) 854-2202 OR  
 Date: **10/3/2023** *8:00 AM* 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.