

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

*Filed  
electronically  
09/27/23  
11/2/23*

System Name **Hanley Farm Living History Museum** PWS ID# **95571**  
 Month/Year **October 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	11:00		2.2	AM
2	15:30		2.0	
3	16:30		2.0	
4	10:30		1.8	
5	09:50		1.8	
6	08:45		2.1	
7	10:00		1.0	
8	11:00		2.8	
9	13:00		3.2	
10	17:00		3.2	
11	09:40		3.4	
12	09:20		2.2	
13	09:56		2.0	
14	11:20		1.3	
15	11:00		2.0	
16	MISSED			
17	MISSED			
18	09:10		2.8	
19	08:30		2.0	
20	10:21		3.0	
21	11:35		1.8	
22	03:45		1.0	
23	12:30		3.0	
24	missed			
25	09:45		2.4	
26	09:00		3.0	
27	12:26		3.0	
28	10:21		1.6	
29	15:00		4.8	
30	14:00		2.8	
31	missed			

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 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>
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Printed Name: Greg Skins Title: farm manager Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 850 0492 OR  
 Date: 11/2/2023 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.