

**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 Nov 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	0915		2.0	DL
2	0910		1.5	DL
3	0857		2.4	TM
4	1210		1.0	TM
5	1040		2.2	DL
6	9:00		3.0	DL
7	1025		3.4	DL
8	0900		3.4	DL
9	0930		3.4	DL
10	0800		3.4	DL
11	11:00		2.5	DL
12		missed		
13	11:00		3.0	DL
14	0810		2.8	DL
15	0820		2.6	DL
16	0845		2.4	DL
17	1013		2.4	TM
18	1016		1.5	TM
19	1309		1.6	DL
20	12:00		2.0	DL
21	0900		2.4	DL
22	1320		3.0	DL
23	0948		1.4	TM
24	1106		1.2	TM
25	1051		1.8	TM
26	10:40		2.4	DL
27	1400		3.2	DL
28	1005		3.4	DL
29	1025		3.2	DL
30	1400		2.6	DL
31				

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>
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Printed Name: Greg Askint Title: Public Works Manager Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 954-2202 OR  
 Date: 12/02/2023 890 0692 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.