

**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 July 2024 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	1113		1.2	TM
2	1515		2.8	POW
3	0850		3.4	POW
4	1345		3.4	POW
5	0930		3.2	TM
6	0845		1.5	TM
7	1055		2.7	TM
8	0815		1.4	TM
9	0900		3.4	POW
10	1230		3.4	POW
11	0810		2.9	POW
12	0751		3.4	TM
13	0749		1.8	TM
14	1524		2.9	TM
15	1042		2.8	TM
16	0900		3.4	POW
17	1120		3.4	POW
18	1325		3.4	POW
19	0830		2.6	POW
20	1221		3.1	POW
21	1035		3.2	POW
22	0950		2.2	POW
23	1120		3.2	POW
24	0935		1.8	POW
25	0820		1.6	POW
26	0800		1.4	POW
27	1355		3.2	POW
28	1530		3.2	POW
29	0934		3.0	TM
30	1245		2.4	POW
31	1310		2.5	POW

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>
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Printed Name: Patrick White TAM WOOD Title: System Operator COO / JR Operator Certification #: _____
 Signature: [Signature] Phone # (541) 295 5814 OR
 Date: 8/10/2024 Small Groundwater System

Return by 10th of following month by either email dwp.dnce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.