

**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 **8 124** 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 | 1230 | | 3.0 | P.W. |
| 2 | 1041 | | 3.0 | TM |
| 3 | 1013 | | 1.2 | TM |
| 4 | 1035 | | 1 | (P.W.) |
| 5 | 1042 | | 1.6 | TM |
| 6 | 1010 | | 2.6 | P.W. |
| 7 | 1330 | | 2.4 | P.W. |
| 8 | 1000 | | 2.6 | P.W. |
| 9 | 0918 | | 2.7 | TM |
| 10 | 1058 | | 1.4 | TM |
| 11 | 1030 | | 1.2 | (P.W.) |
| 12 | 1110 | | 2.2 | TM |
| 13 | 1225 | | 1.2 | P.W. |
| 14 | 1008 | | 2.8 | TM |
| 15 | 1620 | | 1.6 | P.W. |
| 16 | 0805 | | 1.0 | TM |
| 17 | 1506 | | 1.2 | TM |
| 18 | 1045 | | 3.2 | (P.W.) |
| 19 | 0810 | | 1.6 | TM |
| 20 | 0905 | | 3.4 | P.W. |
| 21 | 1010 | | 3.4 | P.W. |
| 22 | 1015 | | 3.4 | P.W. |
| 23 | 1040 | | 2.4 | TM |
| 24 | 1123 | | 1.0 | TM |
| 25 | 1525 | | 1.2 | (P.W.) |
| 26 | 0836 | | 1.3 | TM |
| 27 | 1105 | | 1.3 | P.W. |
| 28 | 0920 | | 2.0 | P.W. |
| 29 | 1040 | | 3.4 | P.W. |
| 30 | 1007 | | 1.6 | TM |
| 31 | 0816 | | 1.6 | 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>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> | <p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p> |
|--|--|---|

Printed Name: **Greg Askins** *12M Noode* Title: **System Consultant** Operator Certification #: _____
 Signature: *Greg Askins* Phone #: (541)951 2202 OR
 Date: **8/31/2024** Small Groundwater System

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