

**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 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 | 1020 | | 3.2 | FW |
| 2 | | | 1.9 | FW |
| 3 | 1125 | | 3.2 | FW |
| 4 | 1120 | | 1.3 | FW |
| 5 | 0950 | | 3.4 | FW |
| 6 | 0945 | | 2.4 | FW |
| 7 | 1125 | | 3.4 | FW |
| 8 | 1101 | | 3.4 | FW |
| 9 | 1107 | | 1.8 | FW |
| 10 | 1030 | | 1.8 | FW |
| 11 | 1618 | | 1.8 | FW |
| 12 | 1415 | | 2.8 | FW |
| 13 | 1100 | | 2.6 | FW |
| 14 | 1005 | | 3.2 | FW |
| 15 | 1107 | | 2.7 | FW |
| 16 | 1123 | | 3.1 | FW |
| 17 | 1200 | | 1.6 | FW |
| 18 | 1119 | | 1.2 | FW |
| 19 | 1100 | | 3.4 | FW |
| 20 | 1120 | | 3.4 | FW |
| 21 | 0950 | | 2.8 | FW |
| 22 | 1024 | | 1.0 | FW |
| 23 | 0921 | | 1.0 | FW |
| 24 | 1050 | | 1.0 | FW |
| 25 | 0952 | | 1.0 | FW |
| 26 | 1015 | | 3.2 | FW |
| 27 | 1050 | | 3.0 | FW |
| 28 | 1130 | | 3.2 | FW |
| 29 | 1014 | | 3.2 | FW |
| 30 | 1105 | | 1.6 | FW |
| 31 | | | | |

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____

Date it was returned to service: _____ / _____ / _____

Printed Name: Patrick W. Moore

Title: Project Consultant

Operator Certification #: _____

Signature: [Signature]

Phone # (541) 295 5814

OR

Date: 12/4/2024

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.

August 22, 2019