

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

PWS ID# 95571

Required Minimum Residual 1.0 mg/L

System Name Hanley Farm Living History Museum

Entry Point: Contact Tank hose bib

Month/Year 1

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1300		3.4	
2	1201		3.4	
3	1159		3.2	
4	1125		1.2	
5	1117		1.2	
6	1122		3.4	
7	0940		1.3	
8	1130		2.8	
9	1125		3.2	
10	1120		1.2	
11	1124		1.1	
12	1101		1.0	
13	1102		2.0	
14	1220		1.2	
15	1215		1.0	
16	1030		1.2	
17	1150		1.2	
18	1158		1	
19	1301		2.2	
20	1051		1.7	
21	1030		1.0	
22	0953		1.9	
23	1525		3.1	
24	1142		1.5	
25	1127		1.2	
26	1226		1.0	
27	1115 1104		1.4	
28	0940		1.0	
29	1130		1.6	
30	1045		1.4	
31	1116			

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to 1.0 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 White

Signature: *Patrick White*

Date: 11/31/2022

Title: System Operator

Phone # (541) 295 5814

Operator Certification #:

OR

Small Groundwater System ☐

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

August 22, 2019