

**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 Dec 2013 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	1122		1.2	TM
2	0925		2.4	PDW
3	1635		1.2	PDW
4	0905		1.0	PDW
5	1041		1.0	TM
6	1154		1.2	TM
7	1235		1	TM
8	1053		2.0	TM
9	1650		3.4	PDW
10	1220		3.4	PDW
11	0945		3.4	PDW
12	1026		3.4	TM
13	1059		3.4	TM
14	1150		3.2	TM
15	1015		1.6	TM
16	1335		1.0	PDW
17	1335		2.0	PDW
18	0905		3.0	PDW
19	1059		2.2	TM
20	103		2.7	TM
21	1040		3.2	TM
22	1432		2.4	TM
23	1130		3.4	TM
24	1105		2.4	TM
25	1215		3.0	PDW
26	1111		2.6	TM
27	1105		2.6	TM
28	1030		2.3	TM
29		MISSED		TM
30	1205		2.4	PDW
31	1330		1.4	PDW

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>
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Printed Name: <u>Emanuel Pineda</u> Signature: _____ <u>1/1/2013</u>	Title: <u>Farm Manager</u> Phone # (541) <u>648-8219</u> <u>290 0997</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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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