

**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 17 2014** 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	1045		1.0	FM
2	1058		1.0	FM
3	0905		1.0	FM
4	0945		1.2	FM
5	0745		3.4	FM
6	1011		3.0	FM
7	1316		1.6	FM
8	1445 1105		1.2	FM
9	1058		1.2	FM
10	1045		1.6	FM
11	1120		3.4	FM
12	1030		3.4	FM
13	0937		3.2	FM
14	1130		1.3	FM
15	1345		3.2	FM
16	1431		1.2	FM
17	1025		3.4	FM
18	1045		1.8	FM
19	1130		1.6	FM
20	1114		3.4	FM
21	1043		1.2	FM
22	1325		1.1	FM
23	0826		1.2	FM
24	1035		1.4	FM
25	0931		1.0	FM
26	1025		1.0	FM
27	1051		2.6	FM
28	1025		1.0	FM
29	0955		1.0	FM
30	1055		1.2	FM
31	0930		1.4	FM

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.

GWS Serving 3,300 or Fewer 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: **Patrick White** Title: **System Operator** Operator Certification #: _____
 Signature: *Patrick White* Phone #: (541) 295 5814 OR
 Date: **11/3/2025** 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