

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

*Transfer
PWS ID# 95571
4/11/2025
KAW*

System Name **Hanley Farm Living History Museum**

PWS ID# **95571**

Month/Year **MARCH 2025** 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	11:14		1.8	TW
2	11:22		3.0	(TW)
3	11:47		2.4	TW
4	09:50		1.6	P.O.W.
5	09:55		1.2	P.O.W.
6	10:00		2.4	P.O.W.
7	11:25		1.2	TW
8	18:54		1.2	TW
9	15:25		1.2	TW
10	14:17		1.2	TW
11	11:40		1.2	P.O.W.
12	09:45		3.2	P.O.W.
13	09:45		3.4	P.O.W.
14	10:01		3.4	TW
15	11:03		1.2	TW
16	11:36		3.2	(TW)
17	10:05		1.2	TW
18	10:15		1.2	P.O.W.
19	09:30		3.4	P.O.W.
20	10:35		3.4	P.O.W.
21	10:50		3.4	TW
22	10:40		1.4	TW
23	16:34		3.4	(TW)
24	12:59		3.4	TW
25	09:50		3.4	P.O.W.
26	11:20		1.4	P.O.W.
27	10:30		1.2	P.O.W.
28	15:07		2.3	TW
29	14:25		1.9	(TW)
30	14:30		3.4	(TW)
31	15:28		3.4	TW

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: **Patricia Moore**

Title: **System Operator**

Operator Certification #:

Signature: *Patricia Moore*

Phone # (541) 295 5814

OR:

Date: **03/31/2025**

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dnrc@state.or.us; fax 971-673-0694;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97213-0350.

August 22, 2019