

**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 **April 2015** 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	0840		3.0	POL
2	1225		1.8	POL
3	1300		1.8	POL
4	1135		2.2	TU
5	1100		3.4	TU
6	1156		2.4	TU
7	0940		3.4	POL
8	1200		3.4	POL
9	1300		3.4	POL
10	1141		1.1	TU
11	1347		1.1	TU
12	1358		1.3	TU
13	1030		1.0	TU
14	1419		3.4	TU
15	1015		2.8	POL
16	0930		3.2	POL
17	1015		3.4	POL
18	1037		1.0	TU
19	0750		2.4	TU
20	1749		1.4	TU
21	1244		1.3	TU
22	0945		2.15	POL
23	0925		3.4	POL
24	1020		3.4	POL
25	1029		1.6	TU
26	1052		1.0	TU
27	11155ED			
28			2.0	TU
29	0850		3.4	POL
30	0920		3.0	POL
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 White**

Title: System Operator

Operator Certification #: \_\_\_\_\_

Signature: *[Signature]*

Phone # (541) 295 5814

OR

Date: **05/02/25**

Small Groundwater System ☐

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto: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