

**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 **MAY 12 25** 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	0920		1.2	POK
2	1252		3.2	TU
3	1547		1.3	TU
4	1511		1.5	TU
5	1556		1.2	TU
6	1030		3.4	POK
7	0925		3.4	POK
8	0930		3.0	POK
9	0950		3.1	TU
10	1014		1.9	TU
11	10/22		3.0	AM/LM
12	1237		2.8	TU
13	0930		3.4	POK
14	1015		3.4	POK
15	0943		3.4	POK
16	0951		1.2	TU
17	1141		1.5	TU
18	1055		3.2	AM+LM
19	0952		3.1	TU
20	0955		2.6	POK
21	1010		3.0	POK
22	1010		2.8	POK
23	1040		2.0	TU
24	1051		2.0	TU
25	1040		2.8	POK
26	1200		1.3	TU
27	0940		2.6	POK
28	0955		3.4	POK
29	0950		3.4	POK
30	1032		3.3	AM
31	1118		1.8	TU

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? **1** 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 **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**

Title: **System Operator**

Operator Certification #:

Signature: **[Signature]**

Phone # (541) 295 5814

OR

Date: **05/31/2025**

Small Groundwater System ☒

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