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 JUNE 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	10:45	MECHANICAL Failure	.2	(RW)
2	MECHANICAL	FAILURE STARTED	BACKFLUSH -	
3	0925	1601 Reading is 30#	1.0	TM
4	1042		1.0	TM.
5	1345		1.0	POL.
6	1026		3.4	TM
7	1018		1.0	TM
8	1040		1.6	(RW)
9	0950		1.8	TM
10	0905		3.4	POL.
11	0905	0925	2.6	POL
12	1630		1.2	POL.
13	1042		1.8	TM
14	1048		2.4	TM
15	2030		2.0	(RW)
16	1526		1.2	TM
17	0915		2.4	POL
18	0935		1.2	POL
19	1025		1.0	POL.
20	1007		3.4	TM
21	1033		1.2	TM
22	1505		1.8	TM
23	0843		2.4	TM
24	1005		3.2	POL.
25	0940		3.4	POL
26	0935		2.6	POL.
27	1059		1.8	TM
28	0723		1.6	TM
29	1953		3.0	TM
30	1831		1.4	TM
31				

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? 48 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. MOUSE WHILE PUMP DOWN.

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~~ Jan Moore Title: System Operator

Signature: Jan Moore Phone # (541) 295 5814

Date: 6/30/2025

Operator Certification #:

OR

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