

**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 **July 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	1145		3.4	POW
2	1330		3.4	POW
3	1115		1.4	POW
4	1110		1.5	TM
5	0955		1.5	TM
6	1505		1.5	TM
7	1730		1.1	TM
8	POW EV2 OUT			
9	"	"		
10	"	"		
11	"	"		
12	"	"		
13	"	" POW EV2	1.523	TM
14	0735		3.2	TM
15	0940		3.1	POW
16	1205		1.3	POW
17	0945		1.6	POW
18	1024		1.3	POW
19	1324		3.3	TM
20	0850		3.2	TM
21	1120		3.2	TM
22	1020		2.4	POW
23	0920		1.4	POW
24	1110		3.4	POW
25	0850 1324		2.2	TM
26	0634		1.1	TM
27	1545		1.9	TM
28	1020		2.9	TM
29	0940		1.6	POW
30	1020		3.4	POW
31	0930		1.0	POW

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?
notified by end of next business day. **NO POWER 7/7 TO 7/13 DRAIN FLUSHED & TESTED**

hours - If > 4 hours, Drinking Water Program to be

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: **Patrick White**

Phone # (541) 295 5814

OR

Date: **8/01/2025**

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dnce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019