

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 NOV 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	1504		1.1	
2	1047		2.2	
3	1115		1.3	
4	1010		1.2	
5	1105		2.4	
6	1430		3.0	
7	1031		1.9	
8	1123		1.2	
9	1040		2.6	
10	1106		1.8	
11	1340		3.4	
12	1645		1.6	
13	1402 09 15 TH		3.2	
14	1402		2.2	
15	1116		2.4	
16	MISSING			
17	1448		1.0	
18	1005		1.6	
19	1210		1.6	
20	0935		2.0	
21	1219		1.2	
22	1036		1.0	
23	14170		2.2	
24	1652		1.0	
25	0900		3.0	
26	0915		3.0	
27	1230		1.8	
28	1314		2.2	
29	1334		1.4	
30	1035		2.0	
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? hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
<p>Printed Name: Emmanuel Pineda Signature: <u>Emmanuel Pineda</u> <u>11/1/2025</u></p>	<p>Title: Farm Manager <u>compliant</u> Phone # (541) 646 8219</p>	<p>Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/></p>
<p>Date: <u>11/1/2025</u></p>		

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.

