

**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 Jan / 26 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	1410		3.0	P.W.
2	1050		1.2	TM
3	1052		1.2	TM
4	1100		3.0	TM
5	1424		2.4 1.4	TM (circled)
6	1335		3.0	P.W.
7	0945		1.4	P.W.
8	0900		3.4	P.W.
9	1038		1.3	TM
10	1124		1.2	TM
11	1355		1.8	TM
12	1005		1.8	TM
13	1205		2.2	P.W.
14	1015		2.2	P.W.
15	0910		1.2	P.W.
16	1100		1.1	TM
17	1041		2.6	TM
18	1050		1.6	TM
19	1114		2.2	TM
20	0930		2.6	P.W.
21	0900		1.4	P.W.
22	0930		3.4	u u
23	1139		1.2	TM
24	1246		1.2	TM
25	1140		2.9	TM (circled)
26	1436		1.3	TM
27	1600		1.6	P.W.
28	1400		3.4	P.W.
29	0905		3.4	P.W.
30	1153		2.2	TM
31	1129		1.0	TM

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 checked="" 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 checked="" 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 checked="" 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>	

Printed Name: Emmanuel Pineda Signature: [Signature] Title: Farm Manager Operator Certification #: _____
 Date: 1/31/2026 Phone #: (541) 646-8219 OR
890-0992 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.