State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

	n Name Year Aug	Hanley Farm Living H /2021 Entry Po	20 - 10 00 00 00 00 00 00 00 00 00 00 00 00	nk hose bib		S ID# 41 9	9571
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)		• Notes	
1	2002	New well		1.4		1	W
2	1013	New well		1.0			TH
3	1015	New well		1.2			TIM
4	1002	new well		1:7			TIL
5	1025	new well		2.8			iw
6	1111	new well		1.4	. 19	24.0	Wi
7	2020	new well		1.2	F 1 + 40	梅	i W.
8	1334	new well		1.2			in
9	1822	new well		1.0			iw
10	1455	new well		1.4			TH
11	1040	new well		1,4		-	Tu
12	9.22	new well	•	1.8			in
13	1204	new well		1.4			1W
14	1355	new well		1.8	8		iw .
15	1614	new well		1.6			iW
16	1645	new well	•	1.6			Wi
17	1056	new well		1.2			The
18	1214	new well		12	- 8	* 0-	TM
19	1744	new well		1.8	4"		w
20	1800	new well		1.8		1	W
21	1357	new well		1.8		7	-M
22	1003			1.4		7	W
23	1023	new well		1.0	17.		us
24	0924	new well		1.7-		1	111
25	1247	new well		1.0		1	XI
26	0840	new well		1.5		70	4
27	1045	new well		1.3		7	M .
28	1045	new well		1.4		TIM	1
29	1436	new well		7 114		TU	1
30	0939	new well	C/R	1.60		1	4
31	व्याः	new well		1.8		TU	Ý
		sidual ever less than the longest time period unt			L? hours	Yes No	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
				Did continuous monitoring equipment fail at any time this reporting month? \square Yes \square No			Date continuous monitoring equipment failed:
Attach this for		and submit them with	If yes, were grab samples collected every four hour continuous monitoring equipment was returned to s Yes. No Attach grab sample results and submit them with the			I to service?	Date it was returned to service:
		1, 1		- 1	mem W		
Printed Signatu	Name: Tamit	moore. More	Title: project coordinator Phone #: (541 890 0992)			Operator Certification #: OR	
_		1)024			. Fr.	Small Groundwater System 🗵	
Date:	DI 1 HUG	12021	oman Groundwater System 🖂				