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

| System Name Month/Year | Hanley Farm Livin | | _ | PWS ID# 955 | |
|--|--|--|--|--|--|
| World Feat | 1 / 23 Entry | Point: Contact | Tank hose bib | Required Minimu | um Residual 1.0 mg/L |
| Date Time | Source(s | s) in use | Lowest free chlorine residual at entry point distribution system (mg | to | Notes |
| 1 111 | 7 | | 1.0 | | ing . |
| 2 ///6 | 2 | | 2.8 | 1 | |
| 3 15 20 | | | 3.0 | - | J |
| 4 F 60:00 | 10 | | | | 1 |
| 5 18:3 | 19 | | 2.3 | 0 | and an area of the same of the |
| - 1 | O | | 3.0 | a de la companya della companya della companya de la companya della companya dell | and the same of th |
| 8 33 | 10 | | 1.0 | GA | announce : |
| 9 9:20 | | - | 1.0+ | TV | 1 |
| 10 /730 | | | 1.4 | (IM) | |
| 11 1600 | | | 2.2 | 7 | |
| 12 1620 | | | 2.8 | Ru | |
| 13 /830 | | - e | 3.0 | 67 | wa. |
| 14 1800 | | | 3.2 | 61 | |
| | | | 3.3 | 34 | |
| 15 1178 16 10,50 | | | 1.6 | Tu | 1 |
| 17 - | , | | 3,2 | (E) | |
| 18 - | * | | | | |
| | • | | | | |
| 00 | | | 3,0 | RA | |
| 21 1/53 | - | | 1.2 | GAA. | |
| 11.10 | | . * | 3,4 | (2) | |
| | | | 1.4 | | Tu |
| 23 10 SC 24 1430 |) | | 1.8 | 6 | 2N) |
| 25 19270 | | | 32 | D | |
| 26 | 3 | | 3-4 | | 31 |
| 27 1530 | | | | | |
| 28 1630 | ' | | 3.2 | C | • |
| 29 0856 | | | 3.2 | 6 | A |
| 30 130 | | | 10 Lf | I | M |
| 31 /6= | | | 1.0 | (684) | |
| 1 + | oldust surely the st | | -3.2 | T. | |
| yes, what was the | esidual ever less than the e longest time period unt ext business day. | e required minimur il the required leve | | ☐ Yes ☐ No s – <u>If > 4 hours, D</u> | Prinking Water Program to be |
| | 3,300 or Fewer | | 01//0 0 | | |
| | itor every four hours | Did. " | GWS Serving More Than 3,300 | | |
| intil the residual returned to mg/L s required? Yes No | | Did continuous monitoring equipment fail at a reporting month? ☐ Yes ☐ No | | | Date continuous monitoring equipment failed: |
| | | If yes, were grab samples collected every four hours until the | | | 1 1 |
| is form, | and Submittinem With | continuous monitoring equipment was returned to service as | | | Date it was returned to |
| - | | required? Yes No Attach grab sample results and submit them with this form. | | service: | |
| | | Aπach grab sam | ple results and submit them | with this form. | 1 1 |
| nted Name: Greg Askins Jan Work Title: farm manager Operator Certification # | | | | | |
| nature: | anllow | 3 | | Operator Certification #: | |
| , | - W | Phone #: (541)951 2202 | | OR | |
| e: 51. 6 | 12023 | | | Small Cr | oundwater System |

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