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

| System Name WESTERN HILLS MH ESTATES PWS ID# 4 1 01172 | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------|-------------------------|
| Month/Year Jun/2023 Entry Point: D Required Minimum Re | | | | | | Residual 0.40 mg/L |
| Date | Time | Source(s) in use | | Lowest free chlorine residual at entry point to distribution system (mg/L |) | Notes |
| 1 | 03:00A | Wells 5&6 | | 1.59 | | |
| 2 | 12:00P | Wells 5&6 | | 1.55 | | |
| 3 | 09:00P | Wells 5&6 | | 1.44 | | |
| 4 | 11:00P | Wells 5&6 | | 1.37 | | |
| 5 | 07:00P | Wells 5&6 | | 1.29 | | |
| 6 | 09:00A | Wells 5&6 | | 1.24 | | |
| 7 | 08:00P | Wells 5&6 | | 1.19 | | |
| 8 | 11:00P | Wells 5&6 | | 1.10 | | |
| 9 | 06:00P | Wells 5&6 | | 1.05 | | |
| 10 | 11:00P | Wells 5&6 | | 0.98 | | |
| 11 | 09:00P | Wells 5&6 | | 0.95 | | |
| 12 | 07:00P | Wells 5&6 | | 0.87 | | |
| 13 | 07:00P | Wells 5&6 | | 0.82 | | |
| 14 | 11:00A | Wells 5&6 | | 0.77 | | |
| 15 | 12:00P | Wells 5&6 | | 0.73 | | |
| 16 | 02:00P | Wells 5&6 | | 0.67 | | |
| 17 | 11:00P | Wells 5&6 | | 0.65 | | |
| 18 | 09:00P | Wells 5&6 | | 0.62 | | |
| 19 | 10:00A | Wells 5&6 | | 0.60 | | |
| 20 | 12:00A | Wells 5&6 | | 0.79 | | |
| 21 | 01:00P | Wells 5&6 | | 1.00 | | |
| 22 | 01:00A | Wells 5&6 | | 1.13 | | |
| 23 | 11:00P | Wells 5&6 | | 1.21 | | |
| 24 | 11:00P | Wells 5&6 | | 1.13 | | |
| 25 | 11:00P | Wells 5&6 | | 1.06 | | |
| 26 | 11:59P | Wells 5&6 | | 0.97 | | |
| 27 | 11:00P | Wells 5&6 | | 0.91 | | |
| 28 | 11:00P | Wells 5&6 | | 0.86 | | |
| 29 | 11:00P | Wells 5&6 | | 0.81 | | |
| 30 | 08:00P | Wells 5&6 | | 0.72 | | |
| 31 | | | | | | |
| Was the chlorine residual ever less than the required minimum residual of 0.40 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. | | | | | | |
| GWS Serving 3,300 or Fewer GWS Serving More Than 3,300 | | | | | | 300 |
| If yes, did you monitor every four hours until the residual returned to 0.40 mg/L as required? Yes No Attach those results and submit them with this form. | | | 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: JJ Olson | | | Title: Compliance Manager | | Operator | Certification #: 766039 |
| | | | , - | | · | |
| Signatur | e: <u>Jel</u> | Grey Olson | Phone #: (503) 554-8333 | | OR | |
| Date: 07 / 05 / 2023 | | | | | Small G | roundwater System 🗌 |