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

System Name WESTERN HILLS MH ESTATES PWS ID# 4 1 01172						1172
Month/Year Sept/2023 Entry Point: D Required Minimum 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	11:00A	Wells 5&6		0.89		
2	06:00P	Wells 5&6		0.80		
3	10:00P	Wells 5&6		0.72		
4	09:00A	Wells 5&6		0.68		
5	09:00P	Wells 5&6		0.66		
6	08:00P	Wells 5&6		0.66		
7	09:30A	Wells 5&6		0.58		
8	12:00P	Wells 5&6		0.81		
9	10:00A	Wells 5&6		0.81		
10	05:00A	Wells 5&6		0.83		
11	06:00A	Wells 5&6		0.84		
12	11:00A	Wells 5&6		0.84		
13	05:00A	Wells 5&6		0.84		
14	07:00A	Wells 5&6		0.94		
15	10:00A	Wells 5&6		1.05		
16	01:00A	Wells 5&6		1.12		
17	08:00A	Wells 5&6		1.12		
18	11:00P	Wells 5&6		1.10		
10	09:00P	Wells 5&6		1.06		
	10:00P	Wells 5&6		1.05		
20				1.00		
21 22	06:00P 04:00P	Wells 5&6 Wells 5&6		0.95		
22	12:00P	Wells 5&6		0.89		
4						
24	09:00P	Wells 5&6		0.85		
25	02:00P	Wells 5&6		0.82		
26	10:00A	Wells 5&6		0.79		
27	11:00A	Wells 5&6		0.75		
28	09:00A	Wells 5&6		0.71		
29	11:00A	Wells 5&6		0.69		
30	10:00P	Wells 5&6		0.64		
31						
Was the chlorine residual ever less than the required minimum residual of 0.40 mg/L? \Box Yes \boxtimes No If yes, what was the longest time period until the required level was restored? 0 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						
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			Did continuous monitoring equipment fail at a reporting month? Yes No If yes, were grab samples collected every four continuous monitoring equipment was returned			Date continuous monitoring
						equipment failed:
					ir hours until the	
						Date it was returned to
this form.			required? Yes No service:			
			Attach grab sample results and submit them		with this form.	1 1
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039	
Signature:			Phone #: (503) 554-8333		OR	
	v	ung Culon	Pno	ne #. (000) 004-0000	_	
Date: 10	0 / 06 / 2023				Small Gr	oundwater System