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 11/2023 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			
1	11:40P	Wells 5&6		0.48			
2	01:00P	Wells 5&6		0.52			
3	06:00A	Wells 5&6		0.91			
4	01:00P	Wells 5&6		0.92			
5	08:00P	Wells 5&6		0.85			
6	06:00P	Wells 5&6		0.79			
7	11:00P	Wells 5&6		0.72			
8	09:00A	Wells 5&6		0.63			
9	11:00P	Wells 5&6		0.62			
10	03:00P	Wells 5&6		0.53			
11	11:00P	Wells 5&6		0.44			
12	11:00P	Wells 5&6		0.41			
13	06:00A	Wells 5&6		0.43			
14	04:00A	Wells 5&6		0.71			
15	04:00A	Wells 5&6		0.93			
16	02:00A	Wells 5&6		1.01			
17	01:00P	Wells 5&6		1.07			
18	06:00P	Wells 5&6		1.12			
19	06:00A	Wells 5&6		1.10			
20	04:00P	Wells 5&6		1.09			
21	08:00A	Wells 5&6		1.06			
22	09:00P	Wells 5&6		1.04			
23	01:00A	Wells 5&6		1.04			
24	06:00P	Wells 5&6		1.02			
25	10:00P	Wells 5&6		0.96			
26	01:00P	Wells 5&6		0.86			
27	11:00P	Wells 5&6		0.83			
28	03:00P	Wells 5&6		0.72			
29	10:00P	Wells 5&6		0.65			
30	11:00P	Wells 5&6		0.58			
31		Wells 5&6					
Was the chlorine residual ever less than the required minimum residual of 0.40 mg/L?							
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 this form.			Did continuous monitoring equipment fail at a reporting month? Yes No If yes, were grab samples collected every fou continuous monitoring equipment was returned required? Yes No Attach grab sample results and submit them to			Date continuous monitoring	
					ing une uns	equipment failed:	
					r hours until the / /		
						Date it was returned to	
						service:	
					with this form.	1 1	
Printed N	Name: JJ Ols	~		Title: Compliance Manager		Operator Certification #: 766039	
Signatur	e:	Jeffrey Ol	on Pho	ne #: (503) 554-8333	OR		
Date: 12/09/2023					Small Groundwater System		