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 12/2023 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	04:30P	Wells 5&6		0.49			
2	11:20P	Wells 5&6		0.50			
3	01:40P	Wells 5&6		0.45			
4	07:00A	Wells 5&6		0.92			
5	07:00A	Wells 5&6		0.98			
6	07:00A	Wells 5&6		1.01			
7	02:00A	Wells 5&6		1.27			
8	12:00A	Wells 5&6		1.44			
9	11:00P	Wells 5&6		1.35			
10	10:00P	Wells 5&6		1.34			
11	06:00P	Wells 5&6		1.19			
12	11:00P	Wells 5&6		1.10			
13	01:00P	Wells 5&6		0.98			
14	02:00P	Wells 5&6		0.87			
15	11:00P	Wells 5&6		0.72			
16	11:50P	Wells 5&6		0.57			
17	07:50P	Wells 5&6		0.47			
18	03:00A	Wells 5&6		0.63			
19	12:00A	Wells 5&6		0.99			
20	10:40A	Wells 5&6		1.28			
21	11:00P	Wells 5&6		1.02			
22	01:00P	Wells 5&6		0.95			
23	10:00A	Wells 5&6		1.09			
24	03:00P	Wells 5&6		1.09			
25	07:00P	Wells 5&6		1.21			
26	02:00P	Wells 5&6		1.14			
27	05:00A	Wells 5&6		1.12			
28	09:00P	Wells 5&6		1.17			
29	08:00A	Wells 5&6		1.13			
30	08:00A	Wells 5&6		1.22			
31	09:00p	Wells 5&6		1.21			
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? 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?			Did continuous monitoring equipment fail at any time this reporting month? \(\subseteq \text{Yes} \subseteq \text{No} \) No			I .	
				ab samples collected every fou	Details was not as a lite		
Attach those results and submit them with			continuous monitoring equipment was returned to service as		Date it was returned to service:		
this form.			required? Yes No		with this farm	35 VIUG.	
Attach grab sample results and submit them with this form. / /						1 1	
Printed Name: JJ Olson Title: Compliance Manager					Operator Certification #: 766039		
Signature:					OR		
Date: 01 / 09 / 2024					Small Groundwater System		