

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 01/2024 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	10:00A	Wells 5&6	1.14	
2	11:00P	Wells 5&6	1.19	
3	01:00P	Wells 5&6	1.13	
4	11:00P	Wells 5&6	1.30	
5	11:00P	Wells 5&6	0.98	
6	11:00P	Wells 5&6	0.75	
7	11:00P	Wells 5&6	0.66	
8	03:10P	Wells 5&6	0.54	
9	12:00A	Wells 5&6	0.65	
10	07:00A	Wells 5&6	0.84	
11	11:00P	Wells 5&6	0.76	
12	10:00P	Wells 5&6	0.67	
13	11:20P	Wells 5&6	0.54	
14	11:20P	Wells 5&6	0.44	
15	12:20A	Wells 5&6	0.44	
16		Wells 5&6		Power outage Boil Water notice
17		Wells 5&6		Boil Water notice
18		Wells 5&6		Boil Water notice
19		Wells 5&6		Boil Water notice
20		Wells 5&6		Boil Water notice
21		Wells 5&6		Boil Water notice
22		Wells 5&6		Boil Water notice
23		Wells 5&6		Boil Water notice
24		Wells 5&6		Boil Water notice
25		Wells 5&6		Boil Water notice
26		Wells 5&6		Boil Water notice
27		Wells 5&6		Boil Water notice
28		Wells 5&6		Boil Water notice
29	10:00P	Wells 5&6	1.17	
30	08:00P	Wells 5&6	1.05	
31	05:00P	Wells 5&6	0.78	

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? See Notes Above hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

**GWS Serving 3,300 or Fewer**

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.

**GWS Serving More Than 3,300**

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

Signature: \_\_\_\_\_



Phone #: (503) 554-8333

OR

Date: 02 / 09 / 2024

Small Groundwater System