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

System	Name	WESTERN HILLS ME	I ESTATES	PWS ID# 4 1 01172			
Month/Year 02/2024 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	12:03A	Wells 5&6		1.16			
2	02:07A	Wells 5&6		1.57			
3	04:08P	Wells 5&6		1.71			
4	10:08P	Wells 5&6		1.62			
5	04:11P	Wells 5&6		1.53			
6	08:14P	Wells 5&6		1.35			
7	08:17P	Wells 5&6		1.19			
8	08:18P	Wells 5&6		1.02			
9	08:21P	Wells 5&6		0.86			
10	08:21P	Wells 5&6		0.69			
11	11:36P	Wells 5&6		0.54			
12	11:37P	Wells 5&6		0.43			
13	04:38P	Wells 5&6		0.40			
14	04:28P	Wells 5&6		0.82			
15	12:28A	Wells 5&6		0.92			
16	12:28P	Wells 5&6		1.03			
17	04:28A	Wells 5&6		1.02			
18	12:28P	Wells 5&6		0.99			
19	04:29P	Wells 5&6		0.97			
20	04:29P	Wells 5&6		0.93			
21	08:30P	Wells 5&6		0.88			
22	04:30A	Wells 5&6		0.86			
23	12:30A	Wells 5&6		0.93			
24	04:36A	Wells 5&6		1.05			
25	04:40P	Wells 5&6		1.07			
26	04:46P	Wells 5&6		1.04			
27	08:46P	Wells 5&6		0.95			
28	04:50P	Wells 5&6		0.85			
29	04:51A	Wells 5&6		0.89			
30							
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? 2.5 hours 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 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.				
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039		
Signatur	e:	Jeffrey Olson	, , , , , , , , , , , , , , , , , , ,		OR		
Date: 03	3 / 09 / 2024	/W/			Small Groundwater System		