

**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 03/2024 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	04:51A	Wells 5&6	0.96	
2	08:51A	Wells 5&6	0.97	
3	08:51A	Wells 5&6	0.97	
4	12:51P	Wells 5&6	0.98	
5	04:56P	Wells 5&6	0.94	
6	12:56A	Wells 5&6	0.94	
7	12:58P	Wells 5&6	0.90	
8	12:58P	Wells 5&6	0.85	
9	04:59P	Wells 5&6	0.81	
10	11:54P	Wells 5&6	0.74	
11	11:14A	Wells 5&6	0.70	
12	10:04P	Wells 5&6	0.88	
13	09:08P	Wells 5&6	0.77	
14	12:01A	Wells 5&6	0.80	
15	06:13P	Wells 5&6	1.16	
16	02:13P	Wells 5&6	1.15	
17	10:13A	Wells 5&6	1.12	
18	02:13P	Wells 5&6	1.13	
19	02:13A	Wells 5&6	1.19	
20	06:13A	Wells 5&6	1.29	
21	06:16A	Wells 5&6	1.37	
22	06:17A	Wells 5&6	1.56	
23	02:18A	Wells 5&6	1.70	
24	06:18A	Wells 5&6	1.87	
25	02:19A	Wells 5&6	1.95	
26	02:21P	Wells 5&6	1.93	
27	10:24P	Wells 5&6	1.42	
28	02:26P	Wells 5&6	1.06	
29	02:27A	Wells 5&6	1.11	
30	10:28P	Wells 5&6	1.10	
31	10:31P	Wells 5&6	0.98	

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

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: _____

Jeffrey Olson

Phone #: (503) 554-8333

OR

Date: 04 / 09 / 2024

Small Groundwater System