## 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/		7/2024 Entry Po		Required Minimum Residual 0.40 mg/L		
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L	)	Notes
1	11:34P	Wells 5&6		2.07		
2	07:33A	Wells 5&6		1.99		
3	11:34A	Wells 5&6		1.67		
4	11:34A	Wells 5&6		1.69		
5	11:34A	Wells 5&6		1.70		
6	11:24P	Wells 5&6		1.69		
7	01:00P	Wells 5&6		1.68		
8	03:36P	Wells 5&6		1.68		
9	07:36A	Wells 5&6		1.61		
10	11:36A	Wells 5&6		1.52		
11	11:36P	Wells 5&6		1.44		
12	03:36P	Wells 5&6		1.38		
13	11:38P	Wells 5&6		1.27		
14	11:38P	Wells 5&6		1.16		
15	03:38P	Wells 5&6		1.01		
16	11:38P	Wells 5&6		0.89		
17	02:58P	Wells 5&6		0.74		
18	03:38A	Wells 5&6		1.31		
19	11:38A	Wells 5&6		1.82		
20	03:38P	Wells 5&6		1.81		
21	11:44P	Wells 5&6		1.61		
22	11:44P	Wells 5&6		1.82		
23	11:46P	Wells 5&6		1.16		
24	11:46P	Wells 5&6		0.95		
25	11:47P	Wells 5&6		0.83		
26	10:07A	Wells 5&6		0.73		
27	11:47P	Wells 5&6		0.81		
28	03:37P	Wells 5&6		0.78		
29	11:47P	Wells 5&6		0.71		
30	11:17P	Wells 5&6		0.66		
31	02:17P	Wells 5&6		0.60		
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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? 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?  \( \subseteq \text{Yes} \subseteq \text{No} \)  If yes, were grab samples collected every four hours until the			Date continuous monitoring
						equipment failed:
						D.1. '(
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		35  VIUG.	
Attach grab sample results and submit them with this form.						
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039	
Signatur	re:	) Olson	Phone #: (503) 554-8333		OR	
Date: 08	8 / 10 / 2024	<b>,</b>			Small G	roundwater System