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/		9/2024 Entry Po	int: 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	10:33A	Wells 5&6		0.71			
2	09:33P	Wells 5&6		0.72			
3	03:13P	Wells 5&6		0.68			
4	11:15A	Wells 5&6		0.65			
5	11:25A	Wells 5&6		0.65			
6	12:25A	Wells 5&6		0.65			
7	12:35P	Wells 5&6		0.66			
8	12:15P	Wells 5&6		0.62			
9	12:00P	Wells 5&6		2.24			
10	11:55P	Wells 5&6		0.44			
11	03:15P	Wells 5&6		0.15			
12	01:05A	Wells 5&6		1.22			
13	01:05A	Wells 5&6		2.37			
14	09:05P	Wells 5&6		2.32			
15	09:05P	Wells 5&6		1.92			
16	09:05P	Wells 5&6		1.57			
17	09:05P	Wells 5&6		1.33			
18	09:05P	Wells 5&6		1.07			
19	09:05P	Wells 5&6		0.87			
20	11:15A	Wells 5&6		0.73			
21	01:05A	Wells 5&6		1.24			
22	01:05A	Wells 5&6		1.80			
23	01:05P	Wells 5&6		1.95			
24	09:05A	Wells 5&6		1.98			
25	05:05P	Wells 5&6		1.91			
26	01:05P	Wells 5&6		1.95			
27	05:05A	Wells 5&6		1.97			
28	09:05A	Wells 5&6		1.98			
29	01:05P	Wells 5&6		1.90			
30	12:00A	Wells 5&6		0.76			
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? 15.25 hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.							
GW:	S 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			Date continuous monitoring equipment failed:	
			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 it was returned to service:		
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039		
Signatur	re: 🤇	C) Olson	Phone #: (503) 554-8333		OR		
ĺ				, ,	Small C		
Date: 10 / 09 / 2024 Small Groundwater System							