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/		0/2024 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	09:05P	Wells 5&6		1.65		
2	09:05P	Wells 5&6		1.54		
3	05:05P	Wells 5&6		1.43		
4	09:05P	Wells 5&6		1.27		
5	09:05P	Wells 5&6		1.11		
6	12:00A	Wells 5&6		0.96		
7	12:00A	Wells 5&6		0.91		
8	11:15P	Wells 5&6		0.79		
9	12:00A	Wells 5&6		0.69		
10	01:05A	Wells 5&6		1.34		
11	01:05A	Wells 5&6		2.07		
12	09:05P	Wells 5&6		2.00		
13	09:07P	Wells 5&6		1.81		
14	09:07P	Wells 5&6		1.64		
15	09:07P	Wells 5&6		1.54		
16	09:07P	Wells 5&6		1.43		
17	05:07P	Wells 5&6		1.35		
18	05:09P	Wells 5&6		1.25		
19	05:09P	Wells 5&6		1.20		
20	09:09P	Wells 5&6		1.17		
21	09:09P	Wells 5&6		1.16		
22	01:10P	Wells 5&6		1.10		
23	05:16P	Wells 5&6		1.07		
24	01:17P	Wells 5&6		1.05		
25	05:18A	Wells 5&6		1.35		
26	09:18P	Wells 5&6		1.63		
27	09:18P	Wells 5&6		1.57		
28	09:18P	Wells 5&6		1.45		
29	09:19P	Wells 5&6		1.32		
30	12:00A	Wells 5&6		1.23		
31	09:24P	Wells 5&6		1.14		
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						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? Yes No Date continuous monitoring equipment failed:			1
Attach those results and submit them with			continuous monitoring equipment was returned to service as		Date it was returned to	
this form.			required? Yes No			service:
Attach grab sample results and submit them with this form.						
Printed I	Name: JJ Ol	son	Title: Compliance Manager		Operator Certification #: 766039	
Signatur	re:	Olson	Phone #: (503) 554-8333		OR	
Date: 11 / 09 2024					Small G	roundwater System