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 _11/2024 Entry Point: D 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	09:24P	Wells 5&6		1.10	,	
2	09:24P	Wells 5&6		1.07		
3	12:24P	Wells 5&6		1.01		
4	08:25P	Wells 5&6		0.99		
5	08:27P	Wells 5&6		0.96		
6	04:31P	Wells 5&6		0.93		
7	04:32P	Wells 5&6		0.90		
8	09:52P	Wells 5&6		0.44		
9	12:02A	Wells 5&6		0.50		
10	12:32A	Wells 5&6		1.52		
11	12:32A	Wells 5&6		2.03		
12	08:35A	Wells 5&6		2.30		
12	00.35A 04:36A	Wells 5&6		2.38		
14	04:36A	Wells 5&6		2.42		
14	04:38P	Wells 5&6		2.42		
16	04.36P	Wells 5&6		2.34		
10				2.34		
	12:41P	Wells 5&6				
18	08:43A	Wells 5&6		2.32		
19	12:46P	Wells 5&6		2.29		
20	08:50P	Wells 5&6		2.21		
21	08:52P	Wells 5&6		1.79		
22	08:53P	Wells 5&6		1.61		
23	08:55P	Wells 5&6		1.47		
24	08:59P	Wells 5&6		1.43		
25	01:02P	Wells 5&6		1.38		
26	05:04P	Wells 5&6		1.31		
27	09:07P	Wells 5&6		1.30		
28	01:10P	Wells 5&6		1.27		
29	01:12P	Wells 5&6		1.27		
30	09:16A	Wells 5&6		1.20		
31						
Was the chlorine residual ever less than the required minimum residual of 0.40 mg/L? \Box Yes \boxtimes No If yes, what was the longest time period until the required level was restored? hours $-\frac{If > 4 \text{ hours, Drinking Water Program to be}}{\text{notified by end of next business day.}}$						
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			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?			Date it was returned to service:
			Attach grab sample results and submit them with this		with this form.	1 1
Printed I	Name: JJ Ols		Title: Compliance Manager		Operator Certification #: 766039	
Signatur	re: _)e	ffrey Olson			OR	
-	2 / 10 / 2024			、 <i>·</i>	Small G	roundwater System 🗌