## State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

Date   Time   Source(s) in use   Lowest free chlorine residual at entry point to distribution system (mg/L)	System	Name	WESTERN HILLS ME	H ESTATES	PV	VS ID# 41 0	1172	
Date   Time	Month/Year _12/2024 Entry Point: D Required Minimum Residual 0.40 mg/L							
2 05:18P Wells 5&6 1.22 3 01:24P Wells 5&6 1.17 4 09:24A Wells 5&6 1.17 5 09:24A Wells 5&6 1.47 6 09:24P Wells 5&6 1.47 7 01:24A Wells 5&6 1.46 8 01:27P Wells 5&6 1.46 8 01:27P Wells 5&6 1.48 9 09:30P Wells 5&6 1.48 10 01:38P Wells 5&6 1.48 11 09:39P Wells 5&6 1.44 11 11:51P Wells 5&6 1.48 13 05:48P Wells 5&6 1.46 14 11:51P Wells 5&6 1.46 15 01:03P Wells 5&6 1.25 16 12:16A Wells 5&6 0.60 17 01:59A Wells 5&6 0.60 17 01:59A Wells 5&6 1.25 18 02:01P Wells 5&6 1.01 19 12:00A Wells 5&6 1.01 19 12:00A Wells 5&6 1.01 19 12:00A Wells 5&6 1.01 21 02:03P Wells 5&6 1.16 22 05:42P Wells 5&6 1.16 22 05:42P Wells 5&6 1.16 22 05:42P Wells 5&6 1.26 23 03:37P Wells 5&6 1.26 25 06:17P Wells 5&6 1.26 26 06:17P Wells 5&6 1.26 27 10:20P Wells 5&6 1.02 28 10:25P Wells 5&6 1.02 29 06:25P Wells 5&6 1.02 29 06:25P Wells 5&6 0.94 29 06:25P Wells 5&6 0.90 30 10:32P Wells 5&6 0.91 31 10:22A Wells 5&6 0.91 4tach grab samples collected every four hours until the required minimum residual of 0.40 mg/L? □ Yes □ No 4ttach frase results and submit them with this form.  Printed Name: ↓ Ulson  Title: Compliance Manager  Operator Certification #: 766039	Date	Time	Source(s) i	n use	residual at entry point to		Notes	
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Signature: Deffrey Olson Phone #: (503) 554-8333 OR	Printed Name: JJ Olson			Title	e: Compliance Manager Operator Certification #: 7		Certification #: 766039	
1 Hollo // (000) 007 0000	Signature: Jeffrey Olson			Phone #: (503) 554-8333		OR		
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