

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 01/2025

Entry Point: 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	11:33P	Wells 5&6	0.74	
2	11:25A	Wells 5&6	0.65	
3	02:36A	Wells 5&6	1.87	
4	12:26A	Wells 5&6	2.83	
5	06:22P	Wells 5&6	3.02	
6	11:56P	Wells 5&6	2.84	
7	10:57P	Wells 5&6	2.23	
8	11:00P	Wells 5&6	1.74	
9	11:03P	Wells 5&6	1.38	
10	03:03P	Wells 5&6	1.28	
11	11:06P	Wells 5&6	1.36	
12	11:08P	Wells 5&6	1.27	
13	11:13P	Wells 5&6	1.14	
14	10:14A	Wells 5&6	1.42	
15	07:13P	Wells 5&6	1.11	
16	07:13P	Wells 5&6	1.05	
17	03:13P	Wells 5&6	1.04	
18	11:13A	Wells 5&6	0.95	
19	12:00A	Wells 5&6	2.29	
20	09:25A	Wells 5&6	0.79	
21	10:13A	Wells 5&6	0.72	
22	11:43A	Wells 5&6	0.68	
23	11:13P	Wells 5&6	1.37	
24	11:13A	Wells 5&6	1.21	
25	11:13A	Wells 5&6	1.16	
26	11:13A	Wells 5&6	1.12	
27	11:13A	Wells 5&6	1.06	
28	11:13A	Wells 5&6	1.07	
29	11:13A	Wells 5&6	1.05	
30	03:13A	Wells 5&6	2.31	
31	12:04A	Wells 5&6	3.64	

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**

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.*

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

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 continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: JJ Olson

Title: Compliance Manager

Operator Certification #: 766039

Signature: Jeffrey Olson

Phone #: (503) 554-8333

OR

Date: 02 / 05 / 2025

Small Groundwater System ☐