## 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 02/2025 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	11:20A	Wells 5&6		2.07		
2	11:21P	Wells 5&6		1.87		
3	11:26P	Wells 5&6		1.59		
4	11:26P	Wells 5&6		1.16		
5	11:56P	Wells 5&6		0.75		
6	04:16P	Wells 5&6		0.53		
7	03:26A	Wells 5&6		1.67		
8	11:36P	Wells 5&6		1.75		
9	11:37P	Wells 5&6		1.25		
10	11:37P	Wells 5&6		0.85		
11	10:19P	Wells 5&6		0.62		
12	11:49P	Wells 5&6		0.50		
13	03:29P	Wells 5&6		0.42		
14	12:00A	Wells 5&6		1.63		
15	03:41A	Wells 5&6		2.25		
16	03:41A	Wells 5&6		2.45		
17	06:12A	Wells 5&6		2.87		
18	05:54A	Wells 5&6		0.57		
10	12:15P	Wells 5&6		1.84		
4	12:00A	Wells 5&6		2.50		
20 21	12.00A 11:52P	Wells 5&6		3.37		
21		Wells 5&6		2.50		
	11:54P			2.17		
23	11:54P	Wells 5&6				
24	07:54A	Wells 5&6		2.13		
25	11:55A	Wells 5&6		2.04		
26	11:55A	Wells 5&6		1.32		
27	03:55A	Wells 5&6		1.63		
28	11:57A	Wells 5&6		1.67		
29						
30						
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 – <u>If &gt; 4 hours, Drinking Water Program to be</u> 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 a		Date continuous monitoring
			reporting month?  Yes  No			equipment failed:
				b samples collected every fou		/ /
			continuous mor required?	nitoring equipment was returne	eu to service as	Date it was returned to service:
					with this form	
Attach grab sample results and submit them with this form.						
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039	
Signatur	e: Jeff	rey Olson	Phone #: (503) 554-8333		OR	
Date: 01	3 / 05 / 2025	0			Small Groundwater System 🗌	