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 08	3/2025 Entry Po	int: 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	09:40P	Wells 5&6		0.77		
2	01:20P	Wells 5&6		0.73		
3	03:10P	Wells 5&6		0.68		
4	03:50P	Wells 5&6		0.67		
5	09:40A	Wells 5&6		0.65		
6	02:50P	Wells 5&6		0.65		
7	02:49P	Wells 5&6		0.59		
8	09:50A	Wells 5&6		0.61		
9	03:50P	Wells 5&6		0.60		
10	10:10A	Wells 5&6		0.59		
11	10:20A	Wells 5&6		0.63		
12	11:00A	Wells 5&6		0.73		
13	01:10p	Wells 5&6		0.66		
14	02:50P	Wells 5&6		0.64		
15	01:50A	Wells 5&6		0.69		
16	01:10P	Wells 5&6		0.71		
17	09:29A	Wells 5&6		0.71		
18	10:50A	Wells 5&6		0.70		
19	09:30A	Wells 5&6		0.70		
20	11:30A	Wells 5&6		0.72		
21	10:10A	Wells 5&6		0.69		
22	10:30A	Wells 5&6		0.71		
23	10:40A	Wells 5&6		0.73		
24	03:20A	Wells 5&6		0.70		
25	10:00A	Wells 5&6		0.72		
26	11:20A	Wells 5&6		0.69		
27	01:40P	Wells 5&6		0.54		
28	12:40A	Wells 5&6		0.75		
29	03:01P	Wells 5&6		1.06		
30	06:01P	Wells 5&6		1.11		
31	03:01P	Wells 5&6		1.05		
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.						
GW	S Serving	3,300 or Fewer		GWS Serving I	More Than 3,3	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:
			If yes, were grab samples collected every four hours until the			1 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 t		with this form.	1 1
Printed Name: Curtis Olson			Title: Operations Manager		Operator Certification #: 216644	
Signatur	re: Cu	ırtis Olson	Phone #: (503) 554-8333		OR	
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Date: 09 / 10 / 2025 Small Groundwater System						