

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

System Name    WESTERN HILLS MH ESTATES				PWS ID#  41  01172
Month/Year    09/2025		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	02:01p	Wells 5&6	1.07	
2	11:03a	Wells 5&6	1.08	
3	10:03a	Wells 5&6	1.06	
4	01:03p	Wells 5&6	1.07	
5	10:03a	Wells 5&6	1.09	
6	09:03p	Wells 5&6	1.10	
7	03:03p	Wells 5&6	1.09	
8	11:03a	Wells 5&6	1.03	
9	11:03a	Wells 5&6	1.05	
10	01:05p	Wells 5&6	1.05	
11	03:05p	Wells 5&6	1.46	
12	03:05a	Wells 5&6	1.45	
13	11:05a	Wells 5&6	1.36	
14	03:05p	Wells 5&6	1.37	
15	06:05p	Wells 5&6	1.36	
16	11:04a	Wells 5&6	1.29	
17	11:05a	Wells 5&6	1.34	
18	11:05a	Wells 5&6	1.33	
19	12:05a	Wells 5&6	1.12	
20	12:00a	Wells 5&6	0.43	
21	12:07a	Wells 5&6	0.50	
22	11:18a	Wells 5&6	0.65	
23	07:58a	Wells 5&6	0.67	
24	07:58a	Wells 5&6	0.73	
25	10:08a	Wells 5&6	0.45	
26	01:10p	Wells 5&6	1.18	
27	09:10a	Wells 5&6	1.18	
28	12:00a	Wells 5&6	0.64	
29	12:00a	Wells 5&6	0.57	
30	11:10a	Wells 5&6	0.96	
31				
Was the chlorine residual ever less than the required minimum residual of 0.40 mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.				
<b>GWS Serving 3,300 or Fewer</b> If yes, did you monitor every four hours until the residual returned to 0.40 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i>		<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>		
Printed Name: Curtis Olson Signature: <u>Curtis Olson</u> Date: 10 / 10 / 2025		Title: Operations Manager Phone #: (503) 554-8333	Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/>	