

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 10/2025

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    | 11:10a | Wells 5&6        | 0.95   |                   |
| 2    | 01:10p | Wells 5&6        | 0.86   |                   |
| 3    | 01:10p | Wells 5&6        | 0.82   |                   |
| 4    | 12:10p | Wells 5&6        | 0.86   |                   |
| 5    | 02:10p | Wells 5&6        | 0.86   |                   |
| 6    | 12:10p | Wells 5&6        | 0.82   |                   |
| 7    | 12:10p | Wells 5&6        | 0.85   |                   |
| 8    | 12:10p | Wells 5&6        | 1.04   |                   |
| 9    | 12:10p | Wells 5&6        | 0.93   |                   |
| 10   | 12:10p | Wells 5&6        | 0.92   |                   |
| 11   | 01:10p | Wells 5&6        | 0.85   |                   |
| 12   | 02:40p | Wells 5&6        | 0.77   |                   |
| 13   | 02:41p | Wells 5&6        | 0.60   |                   |
| 14   | 03:02p | Wells 5&6        | 0.66   |                   |
| 15   | 02:23p | Wells 5&6        | 0.75   |                   |
| 16   | 03:13p | Wells 5&6        | 0.87   |                   |
| 17   | 02:23p | Wells 5&6        | 0.75   |                   |
| 18   | 03:54p | Wells 5&6        | 0.76   |                   |
| 19   | 03:14p | Wells 5&6        | 0.65   |                   |
| 20   | 02:54p | Wells 5&6        | 1.22   |                   |
| 21   | 12:10p | Wells 5&6        | 0.81   |                   |
| 22   | 11:15a | Wells 5&6        | 0.47   |                   |
| 23   |        | Wells 5&6        |  | Boil Water Notice |
| 24   |        | Wells 5&6        |  | Boil Water Notice |
| 25   | 03:14a | Wells 5&6        | 1.46   |                   |
| 26   | 03:14a | Wells 5&6        | 2.18   |                   |
| 27   | 09:19p | Wells 5&6        | 2.36   |                   |
| 28   | 11:22p | Wells 5&6        | 1.94   |                   |
| 29   | 11:22p | Wells 5&6        | 1.63   |                   |
| 30   | 11:23a | Wells 5&6        | 1.55   |                   |
| 31   | 10:25p | Wells 5&6        | 1.62   |                   |

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: Curtis Olson

Title: Operations Manager

Operator Certification #: 216644

Signature: Curtis Olson

Phone #: (503) 554-8333

OR

Date: 11 / 10 / 2025

Small Groundwater System ☐

December 19, 2012