

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 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	
<p>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</p> <p>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.</p>				
<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>		<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>		
Printed Name: Curtis Olson Signature: <u>Curtis Olson</u> Date: 11 / 10 / 2025		Title: Operations Manager Phone #: (503) 554-8333	Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/>	