

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 11/2025		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	11:00P	Wells 5&6	1.24	
2	10:01P	Wells 5&6	0.89	
3	11:42P	Wells 5&6	0.78	
4	08:12P	Wells 5&6	0.73	
5	07:32P	Wells 5&6	0.61	
6	02:52A	Wells 5&6	0.63	
7	10:02A	Wells 5&6	0.59	
8	10:04A	Wells 5&6	1.17	
9	10:04A	Wells 5&6	1.33	
10	04:04A	Wells 5&6	1.92	
11	01:05P	Wells 5&6	1.76	
12	02:05A	Wells 5&6	2.21	
13	11:05P	Wells 5&6	2.31	
14	05:05A	Wells 5&6	2.05	
15	02:05A	Wells 5&6	2.00	
16	09:05P	Wells 5&6	2.15	
17	04:05A	Wells 5&6	2.17	
18	01:06P	Wells 5&6	2.04	
19	08:07A	Wells 5&6	2.05	
20	03:10P	Wells 5&6	2.11	
21	01:12P	Wells 5&6	2.04	
22	01:14P	Wells 5&6	1.95	
23	07:16P	Wells 5&6	1.83	
24	08:18P	Wells 5&6	1.77	
25	10:18A	Wells 5&6	1.75	
26	12:21P	Wells 5&6	1.69	
27	09:22P	Wells 5&6	1.75	
28	01:22A	Wells 5&6	1.79	
29	10:24P	Wells 5&6	1.72	
30	10:26P	Wells 5&6	1.62	
31				
<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>		
<p>Printed Name: Curtis Olson Signature: <u>Curtis Olson</u> Date: 12 / 05 / 2025</p>		<p>Title: Operations Manager Phone #: (503) 554-8333</p>	<p>Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/></p>	