

**State of Oregon Drinking Water Program
Monthly Disinfection Report for:**

System Name Western Hills Mobile Home Estates

PWS ID# 4 1 01172

Month/Year 02/2026 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	22:00	Wells 5&6	.92	
2	14:09	Wells 5&6	.87	
3	13:47	Wells 5&6	.27	1230-1530 <.4
4	12:30	Wells 5&6	.28	1145-1300<.4
5	16:15	Wells 5&6	.28	1500-1730<.4
6	15:15	Wells 5&6	.21	1300-1600<.4
7	2330	Wells 5&6	.5	
8	17:00	Wells 5&6	.55	
9	13:00	Wells 5&6	.51	
10	15:30	Wells 5&6	.25	1300-1730 <.4
11	15:30	Wells 5&6	.21	12:30-1800 <.4
12	15:30	Wells 5&6	.18	12:30-1800 <.4
13	22:00	Wells 5&6	.53	
14	15:00	Wells 5&6	.47	
15	14:00	Wells 5&6	.5	
16	00:00	Wells 5&6	.57	
17	16:00	Wells 5&6	.55	
18	1:30	Wells 5&6	.54	
19	17:00	Wells 5&6	.46	
20	23:30	Wells 5&6	.5	
21	15:30	Wells 5&6	.32	1430-1730 <.4
22	16:00	Wells 5&6	.44	
23	16:00	Wells 5&6	.41	
24	14:30	Wells 5&6	.40	
25	16:00	Wells 5&6	.15	11:30-1900 <.4
26	1400	Wells 5&6	.11	10:00-22:00<.4
27	16:00	Wells 5&6	.11	10:00-22:00 <.4
28	15:30	Wells 5&6	.16	11:30-20:30>.4
29		Wells 5&6		
30		Wells 5&6		
31		Wells 5&6		

Was the chlorine residual ever less than the required minimum residual of .4 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 .4 mg/L as required? Yes No
 Attach those results and submit them with this form.

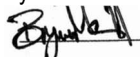
GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No
 Date continuous monitoring equipment failed: / /
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Date it was returned to service: / /
 Attach grab sample results and submit them with this form.

Printed Name: Bryan McConnell

Title: DRC

Operator Certification #: 71316



Signature: _____

Phone #: (360) 430-8508

OR

State of Oregon Drinking Water Program
Monthly Disinfection Report for:

Date: 3 / 05 / 2026

Small Groundwater System

**Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**

August 22, 2019

GWS Monthly Disinfection Report

Western Hills has been dealing with Chlorine analyzer giving false readings due to an Old Chlorine Probe. The facility has an analyzer that has expired membrane and probe. I have been grabbing daily samples multiple times through out the day to ensure that Chlorine levels are being maintained. I have also been grabbing samples each time the Chlorine residual has read below a .40. From my analysis, even though the analyzer is giving low readings I have yet see a grab sample below a .55

Western Hills is in the process of installing a new water filtration system and with that new chlorine analyzer and consumables. The owners of Western Hills have been having issues obtaining the needed consumables for the current analyzer

Grab sample results for time periods that analyzer was reading a low residual

2/3 14:25- .82

2/4 12:50 - .90

2/5 17:20 - .95

2/6 15:15 .84

2/10 14:55 .88

2/11 14:40 .81

2/12 14:10 .65

2/21 15:00 .88

2/25 12:50 .66 17:05-.68

2/26 12:15 .55 16:00 -.60

2/27 11:20- .55 13:30- .58

2/28 16:20 .62 18:00 .65