

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

System Name Western Hills Mobile Home Estates

PWS ID# 4 1 01172

Month/Year 03/2026

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	0910	Wells 5&6	.45	
2	0930	Wells 5&6	.45	
3	1100	Wells 5&6	.83	
4	2350	Wells 5&6	1.58	
5	1200	Wells 5&6	.45	
6	2330	Wells 5&6	.56	
7	1400	Wells 5&6	.32	below .4 from 1230-1600
8	1530	Wells 5&6	.49	
9	1620	Wells 5&6	.42	
10	1200	Wells 5&6	.51	
11	2330	Wells 5&6	.47	
12	2330	Wells 5&6	.43	
13	1930	Wells 5&6	.41	
14	1440	Wells 5&6	.87	
15	1510	Wells 5&6	.77	
16	2200	Wells 5&6	.65	
17	0210	Wells 5&6	.43	
18	0020	Wells 5&6	1.4	
19	1530	Wells 5&6	.41	
20	1500	Wells 5&6	.53	
21	1520	Wells 5&6	.45	
22	1600	Wells 5&6	.55	
23	1230	Wells 5&6	.57	
24	1830	Wells 5&6	1.7	
25	1220	Wells 5&6	1.1	
26	1830	Wells 5&6	.995	
27	1615	Wells 5&6	.81	
28	1241	Wells 5&6	.95	
29	1342	Wells 5&6	.99	
30	1335	Wells 5&6	.55	
31	1455	Wells 5&6	.57	

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? 3.5 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 _____ 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:

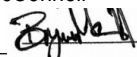
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Printed Name: Bryan McConnell

Title: DRC

Operator Certification #: 71316

Signature: _____



Phone #: (360) 430-8508

OR

Date: 04 / 06 / 2026

Small Groundwater System

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

*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