

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

System Name HILAND WC - ILLAHE GOLF CLUB ESTATES

PWS ID# 4 1 00755

Month/Year Apr/2021 Entry Point: A

Required Minimum Residual 0.33 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:00P	Well 1&2	1.36	
2	4:00P	Well 1&2	1.12	
3	4:00P	Well 1&2	0.94	
4	4:00P	Well 1&2	0.88	
5	4:00P	Well 1&2	0.74	
6	4:00P	Well 1&2	0.70	
7	4:00P	Well 1&2	0.76	
8	4:00P	Well 1&2	0.81	
9	4:00P	Well 1&2	0.90	
10	4:00P	Well 1&2	1.01	
11	4:00P	Well 1&2	1.09	
12	4:00P	Well 1&2	1.25	
13	4:00P	Well 1&2	1.27	
14	4:00P	Well 1&2	1.34	
15	4:00P	Well 1&2	1.39	
16	4:00P	Well 1&2	1.48	
17	4:00P	Well 1&2	1.52	
18	4:00P	Well 1&2	1.57	
19	4:00P	Well 1&2	1.61	
20	4:00P	Well 1&2	1.67	
21	4:00P	Well 1&2	1.70	
22	4:00P	Well 1&2	1.75	
23	4:00P	Well 1&2	1.80	
24	4:00P	Well 1&2	1.84	
25	4:00P	Well 1&2	1.91	
26	4:00P	Well 1&2	1.94	
27	4:00P	Well 1&2	0.91	
28	4:00P	Well 1&2	0.83	
29	4:00P	Well 1&2	0.79	
30	4:00P	Well 1&2	0.81	
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Was the chlorine residual ever less than the required minimum residual of 0.33 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 _____ mg/L as required? Yes No

Attach those results and submit them with this form.

N/A

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No N/A

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No N/A

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Melvin Olson

Title: DRC

Signature: _____



Phone #: (503) 312-9206

Date: 05 / 06 / 2021

Operator Certification #: 3413

OR

Small Groundwater System