## 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 Aug/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		0.61		
2	4:00P	Well 1&2		1.19		
3	4:00P	Well 1&2		0.88		
4	4:00P	Well 1&2		0.63		
5	4:00P	Well 1&2		1.02		
6	4:00P	Well 1&2		1.13		
7	4:00P	Well 1&2		0.90		
8	4:00P	Well 1&2		0.71		
9	4:00P	Well 1&2		0.54		
10	4:00P	Well 1&2		0.45		
11	4:00P	Well 1&2		0.79		
12	4:00P	Well 1&2		0.61		
13	4:00P	Well 1&2		0.57		
14	4:00P	Well 1&2		0.51		
15	4:00P	Well 1&2		0.54		
16	4:00P	Well 1&2		0.60		
17	4:00P	Well 1&2		0.59		
18	4:00P	Well 1&2		0.57		
19	4:00P	Well 1&2		0.52		
20	4:00P	Well 1&2		0.50		
21	4:00P	Well 1&2		0.48		
22	4:00P	Well 1&2		0.46		
23	4:00P	Well 1&2		0.45		
24	4:00P	Well 1&2		0.43		
25 26	4:00P	Well 1&2 Well 1&2		0.47		
27	4:00P 4:00P			0.97		
28	4:00P 4:00P	Well 1&2 Well 1&2		0.64		
29	4:00P	Well 1&2		0.51		
30	4:00P	Well 1&2		0.44		
31	4:00P	Well 1&2		0.68		
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 GWS Serving More Than 3,300						200
<u> </u>						
If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at any reporting month? Yes No		-	Date continuous monitoring equipment failed:
as required? Yes No						/ /
Attach those results and submit them with			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as Date it was returned to			
this for		ana sasinii tii <del>c</del> iii Willi	namina do Vas DNs			
	N/A	<b>.</b>	Attach grab sample results and submit them with this form. $N/A$		1 1	
Printed Name: Melvin Olson			Title: DRC		Operator Certification #: 3413	
Signatur	e:	Mel Olso	Phone #: (503) 312-9206		OR	
Date: 00	1 / 07 / 2021				Small G	roundwater System