

**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 Oct/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 | 0.40 | |
| 2 | 4:00P | Well 1&2 | 0.41 | |
| 3 | 4:00P | Well 1&2 | 0.38 | |
| 4 | 4:00P | Well 1&2 | 0.35 | |
| 5 | 4:00P | Well 1&2 | 0.41 | |
| 6 | 4:00P | Well 1&2 | 0.47 | |
| 7 | 4:00P | Well 1&2 | 0.85 | |
| 8 | 4:00P | Well 1&2 | 0.70 | |
| 9 | 4:00P | Well 1&2 | 0.63 | |
| 10 | 4:00P | Well 1&2 | 0.48 | |
| 11 | 4:00P | Well 1&2 | 0.39 | |
| 12 | 4:00P | Well 1&2 | 0.49 | |
| 13 | 4:00P | Well 1&2 | 0.64 | |
| 14 | 4:00P | Well 1&2 | 0.62 | |
| 15 | 4:00P | Well 1&2 | 0.61 | |
| 16 | 4:00P | Well 1&2 | 0.60 | |
| 17 | 4:00P | Well 1&2 | 0.57 | |
| 18 | 4:00P | Well 1&2 | 0.59 | |
| 19 | 4:00P | Well 1&2 | 0.51 | |
| 20 | 4:00P | Well 1&2 | 0.46 | |
| 21 | 4:00P | Well 1&2 | 0.40 | |
| 22 | 4:00P | Well 1&2 | 0.36 | |
| 23 | 4:00P | Well 1&2 | 0.59 | |
| 24 | 4:00P | Well 1&2 | 0.91 | |
| 25 | 4:00P | Well 1&2 | 1.02 | |
| 26 | 4:00P | Well 1&2 | 0.63 | |
| 27 | 4:00P | Well 1&2 | 0.41 | |
| 28 | 4:00P | Well 1&2 | 0.42 | |
| 29 | 4:00P | Well 1&2 | 0.39 | |
| 30 | 4:00P | Well 1&2 | 0.43 | |
| 31 | 4:00P | Well 1&2 | 0.45 | |

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: 11 / 07 / 2021

Operator Certification #: 3413

OR

Small Groundwater System