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 May/2022 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			
1	4:00P	Well 1&2		0.97			
2	4:00P	Well 1&2		1.04			
3	4:00P	Well 1&2		1.18			
4	4:00P	Well 1&2		1.24			
5	4:00P	Well 1&2		0.99			
6	4:00P	Well 1&2		0.98			
7	4:00P	Well 1&2		0.93			
8	4:00P	Well 1&2		0.92			
9	4:00P	Well 1&2		0.86			
10	4:00P	Well 1&2		0.72			
11	4:00P	Well 1&2		0.67			
12	4:00P	Well 1&2		0.70			
13	4:00P	Well 1&2		0.69			
14	4:00P	Well 1&2		0.72			
15	4:00P 4:00P	Well 1&2		0.83			
16		Well 1&2		0.88			
17	4:00P	Well 1&2		0.86			
18	4:00P	Well 1&2		0.90			
19	4:00P	Well 1&2		0.92			
20	4:00P	Well 1&2		0.90			
21	4:00P	Well 1&2		0.94			
22	4:00P	Well 1&2		0.91			
23	4:00P	Well 1&2		0.93			
24	4:00P	Well 1&2		0.89			
25	4:00P	Well 1&2		0.87			
26	4:00P	Well 1&2		0.83			
27	4:00P	Well 1&2		0.79			
28	4:00P	Well 1&2		0.80			
29	4:00P	Well 1&2		0.85			
30	4:00P	Well 1&2		0.83			
31	4:00P	Well 1&2		0.86			
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						300	
If yes, did you monitor every four hours until the residual returned to mg/L as required?			Did continuous monitoring equipment fail at any reporting month? \square Yes \square No N/A If yes, were grab samples collected every four hands.		any time this	Date continuous monitoring equipment failed:	
Attach those results and submit them with this form. $N/A \\$			continuous monitoring equipment was returned required? \square Yes \square No \square Attach grab sample results and submit them		Λ	Date it was returned to service:	
Printed I	Name: Melvir	n Olson	Title	e: DRC	Operato	or Certification #: 3413	
Signature: Phone #: (503) 312-9206					·		
					OR		
Date: 0	Date: 06 / 08 / 2022					Small Groundwater System	