## 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 Jun/2022 Entry Point: A Required Minimum Residual 0.33 mg/L  |                |                      |   |   |                                |  |
| Date  | Time           | Source(s) i          | n use   | Lowest free chlorine residual at entry point to distribution system (mg/L | Notes                          |  |
| 1   | 4:00P          | Well 1&2             |   | 0.88  |                                |  |
| 2   | 4:00P          | Well 1&2             |   | 0.89  |                                |  |
| 3   | 4:00P          | Well 1&2             |   | 0.95  |                                |  |
| 4   | 4:00P          | Well 1&2             |   | 0.97  |                                |  |
| 5   | 4:00P          | Well 1&2             |   | 0.93  |                                |  |
| 6   | 4:00P          | Well 1&2             |   | 0.99  |                                |  |
| 7   | 4:00P          | Well 1&2             |   | 0.91  |                                |  |
| 8   | 4:00P          | Well 1&2             |   | 0.95  |                                |  |
| 9   | 4:00P          | Well 1&2             |   | 0.92  |                                |  |
| 10  | 4:00P          | Well 1&2             |   | 0.93  |                                |  |
| 11  | 4:00P          | Well 1&2             |   | 0.90  |                                |  |
| 12  | 4:00P          | Well 1&2             |   | 0.85  |                                |  |
| 13  | 4:00P          | Well 1&2             |   | 0.83  |                                |  |
| 14  | 4:00P          | Well 1&2             |   | 0.89  |                                |  |
| 15  | 4:00P          | Well 1&2             |   | 0.81  |                                |  |
| 16  | 4:00P          | Well 1&2             |   | 0.78  |                                |  |
| 17  | 4:00P          | Well 1&2             |   | 0.75  |                                |  |
| 18  | 4:00P          | Well 1&2             |   | 0.70  |                                |  |
| 19  | 4:00P          | Well 1&2             |   | 0.64  |                                |  |
| 20  | 4:00P          | Well 1&2             |   | 0.59  |                                |  |
| 21  | 4:00P          | Well 1&2             |   | 0.56  |                                |  |
| 22  | 4:00P          | Well 1&2             |   | 0.64  |                                |  |
| 23  | 4:00P          | Well 1&2             |   | 0.71  |                                |  |
| 24  | 4:00P          | Well 1&2             |   | 0.76  |                                |  |
| 25  | 4:00P          | Well 1&2             |   | 0.82  |                                |  |
| 26  | 4:00P          | Well 1&2<br>Well 1&2 |   | 0.97  |                                |  |
| 27  | 4:00P          | Well 1&2             |   | 1.16  |                                |  |
| 28<br>29  | 4:00P<br>4:00P | Well 1&2             |   | 0.94<br>0.65  |                                |  |
| 30  | 4:00P<br>4:00P | Well 1&2             |   | 0.51  |                                |  |
| 31  | 4.001          | Well TOZ             |   | 0.51  |                                |  |
|   |                |                      |   |   |                                |  |
| 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. |                |                      |   |   |                                |  |
|   |                |                      |   |   |                                | 200  |
| GWS Serving 3,300 or Fewer  |                |                      | GWS Serving More Than 3,300   |   |                                |  |
| If yes, did you monitor every four hours until the residual returned to mg/L  |                |                      | Did continuous monitoring equipment fail at any time this 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 form.  |                |                      | no milita di O  |   |                                |  |
| N/A   |                |                      | 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 Clas             | Phone #: (503) 312-9206   |   | OR                             |  |
| Date: 07  | 7 / 07 / 2022  |                      |   |   | Small G                        | roundwater System                            |