

**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/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) | Notes |
|------|-------|------------------|--|-------|
| 1    | 4:00P | Well 1&2         | 0.68   |       |
| 2    | 4:00P | Well 1&2         | 0.52   |       |
| 3    | 4:00P | Well 1&2         | 0.83   |       |
| 4    | 4:00P | Well 1&2         | 0.80   |       |
| 5    | 4:00P | Well 1&2         | 0.72   |       |
| 6    | 4:00P | Well 1&2         | 0.69   |       |
| 7    | 4:00P | Well 1&2         | 0.65   |       |
| 8    | 4:00P | Well 1&2         | 0.62   |       |
| 9    | 4:00P | Well 1&2         | 0.57   |       |
| 10   | 4:00P | Well 1&2         | 1.01   |       |
| 11   | 4:00P | Well 1&2         | 1.07   |       |
| 12   | 4:00P | Well 1&2         | 0.98   |       |
| 13   | 4:00P | Well 1&2         | 0.95   |       |
| 14   | 4:00P | Well 1&2         | 0.91   |       |
| 15   | 4:00P | Well 1&2         | 0.87   |       |
| 16   | 4:00P | Well 1&2         | 0.81   |       |
| 17   | 4:00P | Well 1&2         | 0.85   |       |
| 18   | 4:00P | Well 1&2         | 0.83   |       |
| 19   | 4:00P | Well 1&2         | 0.80   |       |
| 20   | 4:00P | Well 1&2         | 0.79   |       |
| 21   | 4:00P | Well 1&2         | 0.76   |       |
| 22   | 4:00P | Well 1&2         | 0.73   |       |
| 23   | 4:00P | Well 1&2         | 0.68   |       |
| 24   | 4:00P | Well 1&2         | 0.67   |       |
| 25   | 4:00P | Well 1&2         | 0.61   |       |
| 26   | 4:00P | Well 1&2         | 0.59   |       |
| 27   | 4:00P | Well 1&2         | 0.60   |       |
| 28   | 4:00P | Well 1&2         | 0.64   |       |
| 29   | 4:00P | Well 1&2         | 0.66   |       |
| 30   | 4:00P | Well 1&2         | 0.81   |       |
| 31   | 4:00P | Well 1&2         | 0.94   |       |

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: 09 / 09 / 2022

Operator Certification #: 3413

OR

Small Groundwater System