State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name - HII AND MC - ILLAHE COLE CLUB FOTATES - DMC ID# 4.4 00755							
System Name HILAND WC - ILLAHE GOLF CLUB ESTATES PWS ID# 4 1 00755							
Month/Year Dec/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		0.59			
2	4:00P	Well 1&2		0.56			
3	4:00P	Well 1&2		0.60			
4	4:00P	Well 1&2		0.58			
5	4:00P	Well 1&2		0.62			
6	4:00P	Well 1&2		0.67			
7	4:00P	Well 1&2		0.65			
8	4:00P	Well 1&2		0.68			
9	4:00P	Well 1&2		0.70			
10	4:00P	Well 1&2		0.71			
11	4:00P	Well 1&2		0.74			
12	4:00P	Well 1&2		0.79			
13	4:00P	Well 1&2		0.80			
14	4:00P	Well 1&2		0.79			
15	4:00P	Well 1&2		0.77			
16	4:00P	Well 1&2		0.76			
17	4:00P	Well 1&2		0.74			
18	4:00P	Well 1&2		0.70			
19	4:00P	Well 1&2		0.74			
20	4:00P	Well 1&2		0.77			
21	4:00P	Well 1&2		0.82			
22	4:00P	Well 1&2		0.80			
23	4:00P	Well 1&2		0.81			
24	4:00P	Well 1&2		0.86			
25	4:00P	Well 1&2		0.87			
26	4:00P	Well 1&2		0.91			
27	4:00P	Well 1&2		0.90			
28	4:00P	Well 1&2		0.87			
29	4:00P	Well 1&2		0.84			
30	4:00P	Well 1&2		0.79			
31	4:00P	Well 1&2		0.76			
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							
	_	·				Date continuous monitoring	
If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No			reporting mont		-	equipment failed:	
			. •	— — IN/A			
Attach	those results	and submit them with	If yes, were grab samples collected every four hours unti- continuous monitoring equipment was returned to service			Date it was returned to	
this for	m.		required?	\square Yes \square No N/A		service:	
	N/A	Λ	Attach grab sample results and submit them with			1 1	
Printed Name: Melvin Olson Title: DRC					Operator Certification #: 3413		
Signature: Phone #: (503) 312-9206					OR		
•							
Date: 0	Date: 01 / 06 / 2023					Small Groundwater System	