

**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 Feb/2023 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         | 0.74   |       |
| 2    | 4:00P | Well 1&2         | 0.79   |       |
| 3    | 4:00P | Well 1&2         | 0.76   |       |
| 4    | 4:00P | Well 1&2         | 0.70   |       |
| 5    | 4:00P | Well 1&2         | 0.66   |       |
| 6    | 4:00P | Well 1&2         | 0.65   |       |
| 7    | 4:00P | Well 1&2         | 0.63   |       |
| 8    | 4:00P | Well 1&2         | 0.59   |       |
| 9    | 4:00P | Well 1&2         | 0.58   |       |
| 10   | 4:00P | Well 1&2         | 0.62   |       |
| 11   | 4:00P | Well 1&2         | 0.66   |       |
| 12   | 4:00P | Well 1&2         | 0.71   |       |
| 13   | 4:00P | Well 1&2         | 0.74   |       |
| 14   | 4:00P | Well 1&2         | 0.68   |       |
| 15   | 4:00P | Well 1&2         | 0.65   |       |
| 16   | 4:00P | Well 1&2         | 0.60   |       |
| 17   | 4:00P | Well 1&2         | 0.56   |       |
| 18   | 4:00P | Well 1&2         | 0.53   |       |
| 19   | 4:00P | Well 1&2         | 0.51   |       |
| 20   | 4:00P | Well 1&2         | 0.50   |       |
| 21   | 4:00P | Well 1&2         | 0.52   |       |
| 22   | 4:00P | Well 1&2         | 0.51   |       |
| 23   | 4:00P | Well 1&2         | 0.48   |       |
| 24   | 4:00P | Well 1&2         | 0.50   |       |
| 25   | 4:00P | Well 1&2         | 0.49   |       |
| 26   | 4:00P | Well 1&2         | 0.47   |       |
| 27   | 4:00P | Well 1&2         | 0.56   |       |
| 28   | 4:00P | Well 1&2         | 0.60   |       |
|      |       |                  |  |       |
|      |       |                  |  |       |
|      |       |                  |  |       |

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 .33 mg/L as required?  Yes  No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: JJ Olson

Title: Compliance Manager

Operator Certification #: 766039

Signature: Jeffrey Olson

Phone #: (503) 554-8333

OR

Date: 03 / 07 / 2023

Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**