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 Apr/2023 Entry Point: A Required Minimum Residual 0.33 mg/L						
				Lowest free chlorine		
Date Time		Source(s) in use		residual at entry point to		Notes
				distribution system (mg/L)		
1	4:00P	Well 1&2		0.60		
2	4:00P	Well 1&2		0.59		
3	4:00P	Well 1&2		0.54		
4	4:00P	Well 1&2		0.51		
5	4:00P	Well 1&2		0.46		
6	4:00P	Well 1&2		0.50		
7	4:00P	Well 1&2		0.49		
8	4:00P	Well 1&2		0.52		
9	4:00P	Well 1&2		0.58		
10	4:00P	Well 1&2		0.63		
11	4:00P	Well 1&2		0.67		
12	4:00P	Well 1&2		0.68		
13	4:00P	Well 1&2		0.72		
14	4:00P	Well 1&2		0.78		
15	4:00P	Well 1&2		0.82		
16	4:00P	Well 1&2		0.87		
17	4:00P	Well 1&2		0.91		
18	4:00P	Well 1&2		0.87		
19	4:00P	Well 1&2		0.81		
20	4:00P	Well 1&2		0.84		
21	4:00P	Well 1&2		0.69		
22	4:00P	Well 1&2		0.72		
23	4:00P	Well 1&2		0.76		
24	4:00P	Well 1&2		0.80		
25	4:00P	Well 1&2		0.84		
26	4:00P	Well 1&2		0.87		
27	4:00P	Well 1&2		0.84		
28	4:00P	Well 1&2		0.79		
29	4:00P	Well 1&2		0.83		
30	4:00P	Well 1&2		0.87		
00	4.001			0.01		
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 $-$ <u>If > 4 hours, Drinking Water Program to be</u> 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 .33 mg/L as			Did continuous monitoring equipment fail at any time this reporting month? Yes No		equipment failed:	
required? 🗌 Yes 🗌 No			If yes, were grab samples collected every four hours unt			1 1
Attach those results and submit them with			continuous monitoring equipment was returned to se		ed to service as	Date it was returned to
this form.			required? Yes No			service:
			Attach grab sample results and submit them with this for		with this form.	1 1
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039	
Signatur	e:	Jeffrey O	<u>lson</u> Pho	Phone #: (503) 554-8333 OR		OR
U U		107		、 <i>,</i>	Small G	
Date: 05 / 08 / 2023 / CO / Small Groundwater System						

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