

**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 **05/2023**

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	0.69	
2	4:00P	Well 1&2	0.67	
3	4:00P	Well 1&2	0.66	
4	4:00P	Well 1&2	0.61	
5	4:00P	Well 1&2	0.63	
6	4:00P	Well 1&2	0.64	
7	4:00P	Well 1&2	0.71	
8	4:00P	Well 1&2	0.84	
9	4:00P	Well 1&2	0.74	
10	4:00P	Well 1&2	0.70	
11	4:00P	Well 1&2	0.71	
12	4:00P	Well 1&2	0.74	
13	4:00P	Well 1&2	0.77	
14	4:00P	Well 1&2	0.78	
15	4:00P	Well 1&2	0.81	
16	4:00P	Well 1&2	0.86	
17	4:00P	Well 1&2	0.82	
18	4:00P	Well 1&2	0.87	
19	4:00P	Well 1&2	0.85	
20	4:00P	Well 1&2	0.84	
21	4:00P	Well 1&2	0.78	
22	4:00P	Well 1&2	0.71	
23	4:00P	Well 1&2	0.73	
24	4:00P	Well 1&2	0.71	
25	4:00P	Well 1&2	0.73	
26	4:00P	Well 1&2	0.76	
27	4:00P	Well 1&2	0.77	
28	4:00P	Well 1&2	0.79	
29	4:00P	Well 1&2	0.77	
30	4:00P	Well 1&2	0.81	
31	4:00P	Well 1&2	0.80	

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  
 Signature: Jeffrey Olson Phone #: (503) 554-8333  
 Date: 06 / 09 / 2024

Operator Certification #: 766039  
 OR  
 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.**