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

System	n Name	HILAND WC – ILLAH	E GOLF CLUB	ESTATES PV	VS ID# 41 0	0755
Month/Year 09/2024 Entry Point: A Required M						Residual 0.33 mg/L
Date	Time	Source(s) ii	ı use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	4:00P	Well 1&2		0.80		
2	4:00P	Well 1&2		0.78		
3	4:00P	Well 1&2		0.75		
4	4:00P Well 1&2			0.81		
5	4:00P	Well 1&2		0.76		
6	4:00P	Well 1&2		0.71		
7	4:00P	Well 1&2		0.73		
8	4:00P	Well 1&2		0.74		
9	4:00P	Well 1&2		0.73		
10	4:00P	Well 1&2		0.76		
11	4:00P	Well 1&2		0.79		
12	4:00P	Well 1&2		0.81		
13	4:00P	Well 1&2		0.83		
14	4:00P	Well 1&2		0.80		
15	4:00P	Well 1&2		0.78		
16	4:00P	Well 1&2		0.76		
17	4:00P	Well 1&2		0.72		
18	4:00P	Well 1&2		0.73		
19	4:00P	Well 1&2		0.82		
20	4:00P	Well 1&2		0.88		
21	4:00P	Well 1&2		0.92		
22	4:00P	Well 1&2		0.95		
23	4:00P	Well 1&2		0.96		
	4:00P					
24		Well 1&2		0.90		
25	4:00P	Well 1&2		0.93		
26	4:00P	Well 1&2		0.92		
27	4:00P	Well 1&2		0.91		
28	4:00P	Well 1&2		0.87		
29	4:00P	Well 1&2		0.84		
30	4:00P	Well 1&2		0.82		
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						
If yes, did you monitor every four hours			Did continuous monitoring equipment fail at ar			Date continuous monitoring
until the residual returned to .33 mg/L as			reporting month? Yes No		iny unie uns	equipment failed:
required? Yes No					/ /	
Attach those results and submit them with				b samples collected every fou		Date it was returned to
this form.		ง ฉบน งนมบบแน เบษแบ Will	required?	ntinuous monitoring equipment was returned to service as juired?		service:
			Attach grab sample results and submit them w		with this form.	1 1
Drintad	Nama: II O	lcon	· ·			
Printed Name: JJ Olson			Title: Compliance Manager		Operator Certification #: 766039	
Signatur	re:) Olson	Phone #: (503) 554-8333		OR	
Date: 10 / 09 / 2024					Small Groundwater System	