

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 03/2025

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	1.48	
2	4:00P	Well 1&2	1.24	
3	4:00P	Well 1&2	0.98	
4	4:00P	Well 1&2	0.97	
5	4:00P	Well 1&2	0.91	
6	4:00P	Well 1&2	0.93	
7	4:00P	Well 1&2	0.90	
8	4:00P	Well 1&2	0.87	
9	4:00P	Well 1&2	0.83	
10	4:00P	Well 1&2	0.80	
11	4:00P	Well 1&2	0.88	
12	4:00P	Well 1&2	0.94	
13	4:00P	Well 1&2	0.80	
14	4:00P	Well 1&2	0.44	
15	4:00P	Well 1&2	0.51	
16	4:00P	Well 1&2	0.68	
17	4:00P	Well 1&2	0.77	
18	4:00P	Well 1&2	0.70	
19	4:00P	Well 1&2	0.64	
20	4:00P	Well 1&2	0.49	
21	4:00P	Well 1&2	0.48	
22	4:00P	Well 1&2	0.55	
23	4:00P	Well 1&2	0.52	
24	4:00P	Well 1&2	0.51	
25	4:00P	Well 1&2	0.48	
26	4:00P	Well 1&2	0.44	
27	4:00P	Well 1&2	0.42	
28	4:00P	Well 1&2	0.39	
29	4:00P	Well 1&2	0.41	
30	4:00P	Well 1&2	0.45	
31	4:00P	Well 1&2	0.42	

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: Curtis Olson

Title: Compliance Manager

Operator Certification #: 216644

Signature: Curtis Olson

Phone #: (503) 554-8333

OR

Date: 4/05/ 2025

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.

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

22, 2019

August