

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 10/2025

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	0.57	
2	4:00P	Well 1&2	0.58	
3	4:00P	Well 1&2	0.52	
4	4:00P	Well 1&2	0.55	
5	4:00P	Well 1&2	0.56	
6	4:00P	Well 1&2	0.55	
7	4:00P	Well 1&2	0.56	
8	4:00P	Well 1&2	0.61	
9	4:00P	Well 1&2	0.58	
10	4:00P	Well 1&2	0.60	
11	4:00P	Well 1&2	0.60	
12	4:00P	Well 1&2	0.63	
13	4:00P	Well 1&2	0.61	
14	4:00P	Well 1&2	0.57	
15	4:00P	Well 1&2	0.52	
16	4:00P	Well 1&2	0.50	
17	4:00P	Well 1&2	0.47	
18	4:00P	Well 1&2	0.51	
19	4:00P	Well 1&2	0.53	
20	4:00P	Well 1&2	0.55	
21	4:00P	Well 1&2	0.52	
22	4:00P	Well 1&2	0.50	
23	4:00P	Well 1&2	0.46	
24	4:00P	Well 1&2	0.44	
25	4:00P	Well 1&2	0.41	
26	4:00P	Well 1&2	0.40	
27	4:00P	Well 1&2	0.38	
28	4:00P	Well 1&2	0.51	
29	4:00P	Well 1&2	0.63	
30	4:00P	Well 1&2	0.65	
31	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: Curtis Olson

Title: Compliance Manager

Operator Certification #: 216644

Signature: Curtis Olson

Phone #: (503) 554-8333

OR

Date: 11 /10/ 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.