

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

System Name <b>HILAND WC – ILLAHE GOLF CLUB ESTATES</b>			PWS ID# <b>4 1 00755</b>	
Month/Year <b>11/2025</b>		Entry Point: <b>A</b>	Required Minimum Residual	<b>0.33 mg/L</b>
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	0.58	
2	4:00P	Well 1&2	0.61	
3	4:00P	Well 1&2	0.82	
4	4:00P	Well 1&2	0.97	
5	4:00P	Well 1&2	1.04	
6	4:00P	Well 1&2	1.12	
7	4:00P	Well 1&2	0.99	
8	4:00P	Well 1&2	0.94	
9	4:00P	Well 1&2	0.90	
10	4:00P	Well 1&2	0.85	
11	4:00P	Well 1&2	0.74	
12	4:00P	Well 1&2	0.62	
13	4:00P	Well 1&2	0.60	
14	4:00P	Well 1&2	0.67	
15	4:00P	Well 1&2	0.65	
16	4:00P	Well 1&2	0.79	
17	4:00P	Well 1&2	0.70	
18	4:00P	Well 1&2	0.55	
19	4:00P	Well 1&2	0.41	
20	4:00P	Well 1&2	0.78	
21	4:00P	Well 1&2	0.83	
22	4:00P	Well 1&2	0.79	
23	4:00P	Well 1&2	0.70	
24	4:00P	Well 1&2	0.55	
25	4:00P	Well 1&2	0.60	
26	4:00P	Well 1&2	0.68	
27	4:00P	Well 1&2	0.65	
28	4:00P	Well 1&2	0.58	
29	4:00P	Well 1&2	0.68	
30	4:00P	Well 1&2	0.70	

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.

<b>GWS Serving 3,300 or Fewer</b> <p>If yes, did you monitor every four hours until the residual returned to .33 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<b>GWS Serving More Than 3,300</b> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: Curtis Olson Signature: <u>Curtis Olson</u> Date: 12/05/2025	Title: Compliance Manager Phone #: (503) 554-8333	Operator Certification #: 216644 OR Small Groundwater System <input type="checkbox"/>
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*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.*