

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 01/21 Entry Point: EP-A for well

Required Minimum Residual 0.3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Well UMAT 300/301		
2	12:30	Well UMAT 300/301		
3	10:15	Well UMAT 300/301	.81	
4	9:40	Well UMAT 300/301	.92	
5	9:00	Well UMAT 300/301	1.03	
6	9:15	Well UMAT 300/301	.75	
7	9:30	Well UMAT 300/301	.72	
8	9:40	Well UMAT 300/301	.67	
9	9:25	Well UMAT 300/301	.76	
10	9:55	Well UMAT 300/301	.70	
11	9:10	Well UMAT 300/301	.62	
12	9:11	Well UMAT 300/301	.67	
13	8:45	Well UMAT 300/301	.72	
14	10:20	Well UMAT 300/301	1.13	
15	9:10	Well UMAT 300/301	1.30	
16	8:27	Well UMAT 300/301	1.07	
17	8:30	Well UMAT 300/301	1.29	
18	9:15	Well UMAT 300/301	1.80	
19	10:00	Well UMAT 300/301	1.28	
20	9:30	Well UMAT 300/301	1.27	
21	9:45	Well UMAT 300/301	1.33	
22	8:30	Well UMAT 300/301	1.16	
23	2:00	Well UMAT 300/301	1.32	
24	8:45	Well UMAT 300/301	1.50	
25	9:20	Well UMAT 300/301	1.42	
26	8:30	Well UMAT 300/301	1.44	
27	9:50	Well UMAT 300/301	1.36	
28	8:20	Well UMAT 300/301	1.20	
29	9:00	Well UMAT 300/301	1.10	
30	10:44	Well UMAT 300/301	1.43	
31	12:00	Well UMAT 300/301	1.58	
			1.47	

Was the chlorine residual ever less than the required minimum residual of 0.3 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Services 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 0.3 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

Date continuous monitoring equipment failed: / /

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Date it was returned to service: / /

Attach grab sample results and submit them with this form.

Printed Name: Chris Stoops

Title: Clubhouse Manager

Signature: [Signature]

Phone #: (541) 443-8874

Date: 2/2/21

Operator Certification #: n/a

Small Groundwater System