

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **4/21** 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	7:52	Well UMAT 300/301	.92	
2	1:00	Well UMAT 300/301	.71	
3	11:18	Well UMAT 300/301	.60	
4	8:45	Well UMAT 300/301	.78	
5	9:00	Well UMAT 300/301	.84	
6	9:43	Well UMAT 300/301	.40	
7	10:15	Well UMAT 300/301	.32	
8	10:25	Well UMAT 300/301	.32	
9	8:45	Well UMAT 300/301	.88	
10	8:17	Well UMAT 300/301	.79	
11	9:15	Well UMAT 300/301	.81	
12	9:11	Well UMAT 300/301	.82	
13	8:45	Well UMAT 300/301	.75	
14	8:45	Well UMAT 300/301	.81	
15	1:00	Well UMAT 300/301	.66	
16	10:50	Well UMAT 300/301	.41	
17	8:00	Well UMAT 300/301	.48	
18	8:15	Well UMAT 300/301	.59	
19	9:00	Well UMAT 300/301	.49	
20	9:15	Well UMAT 300/301	.51	
21	9:25	Well UMAT 300/301	.67	
22	8:30	Well UMAT 300/301	.48	
23	9:18	Well UMAT 300/301	.40	
24	10:44	Well UMAT 300/301	1.28	ADDED CHLORINE
25	1:45	Well UMAT 300/301	1.29	
26	8:45	Well UMAT 300/301	1.02	
27	9:15	Well UMAT 300/301	.89	
28	8:45	Well UMAT 300/301	.58	
29	9:15	Well UMAT 300/301	.49	
30	9:11	Well UMAT 300/301	.51	
31	-	Well UMAT 300/301	-	

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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to 0.3 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <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>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: **Chris Stoops** Title: **Clubhouse Manager**
 Signature: *[Signature]* Phone #: **(541) 443-8874**
 Date: **05/11/2021**

Operator Certification #: **n/a**
 OR
 Small Groundwater System