

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **05 12 11**

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	8:15	Well UMAT 300/301	.62	
2	9:02	Well UMAT 300/301	.75	
3	7:45	Well UMAT 300/301	.72	
4	8:15	Well UMAT 300/301	.71	
5	7:47	Well UMAT 300/301	.68	
6	9:01	Well UMAT 300/301	.74	
7	8:44	Well UMAT 300/301	.73	
8	8:49	Well UMAT 300/301	.64	
9	7:59	Well UMAT 300/301	.65	
10	8:15	Well UMAT 300/301	.62	
11	9:00	Well UMAT 300/301	.61	
12	8:48	Well UMAT 300/301	.62	
13	8:28	Well UMAT 300/301	.58	
14	9:04	Well UMAT 300/301	.59	
15	9:07	Well UMAT 300/301	.62	
16	8:15	Well UMAT 300/301	.72	
17	8:42	Well UMAT 300/301	.71	
18	7:45	Well UMAT 300/301	.68	
19	9:02	Well UMAT 300/301	.65	
20	9:15	Well UMAT 300/301	.64	
21	8:52	Well UMAT 300/301	.69	
22	8:47	Well UMAT 300/301	.67	
23	7:52	Well UMAT 300/301	.64	
24	8:27	Well UMAT 300/301	.71	
25	9:15	Well UMAT 300/301	.68	
26	9:02	Well UMAT 300/301	.75	
27	8:15	Well UMAT 300/301	.62	
28	9:07	Well UMAT 300/301	.59	
29	8:45	Well UMAT 300/301	.71	
30	4:10	Well UMAT 300/301	.59	
31	8:41	Well UMAT 300/301	.62	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: **Chris Stoops** Title: **Clubhouse Manager**  
 Signature: *[Signature]* Phone #: **(541) 443-8874**  
 Date: **6 12 11**

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