

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 8/21 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	8:30	Well UMAT 300/301	.55	
2	9:15	Well UMAT 300/301	.55	
3	8:45	Well UMAT 300/301	.61	
4	7:52	Well UMAT 300/301	.70	
5	8:10	Well UMAT 300/301	.68	
6	7:55	Well UMAT 300/301	.62	
7	8:05	Well UMAT 300/301	.65	
8	8:10	Well UMAT 300/301	.66	
9	10:02	Well UMAT 300/301	.59	
10	8:18	Well UMAT 300/301	.61	
11	12:15	Well UMAT 300/301	.78	
12	12:30	Well UMAT 300/301	2.5+	ADJUSTED
13	8:52	Well UMAT 300/301	.94	ADJUSTED
14	8:42	Well UMAT 300/301	.87	
15	7:45	Well UMAT 300/301	.69	
16	8:18	Well UMAT 300/301	.72	
17	8:02	Well UMAT 300/301	.77	
18	8:45	Well UMAT 300/301	.68	ADJUSTED
19	8:30	Well UMAT 300/301	.42	
20	11:15	Well UMAT 300/301	1.08	
21	10:20	Well UMAT 300/301	1.68	
22	8:30	Well UMAT 300/301	.98	
23	8:45	Well UMAT 300/301	.79	
24	9:10	Well UMAT 300/301	.82	
25	8:22	Well UMAT 300/301	.75	
26	8:15	Well UMAT 300/301	.72	
27	9:02	Well UMAT 300/301	.69	
28	8:30	Well UMAT 300/301	.71	
29	9:01	Well UMAT 300/301	.70	
30	2:45	Well UMAT 300/301	.69	
31	8:10	Well UMAT 300/301	.39	

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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Chris Stoops

Title: Clubhouse Manager

Signature: [Signature]

Phone #: (541) 443-8874

Date: 9/1/21

Operator Certification #: n/a

Small Groundwater System