

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **10 2001** 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	.67	
2	7:45	Well UMAT 300/301	.67	
3	7:44	Well UMAT 300/301	.62	
4	7:27	Well UMAT 300/301	.63	
5	8:21	Well UMAT 300/301	.52	
6	8:14	Well UMAT 300/301	.50	
7	8:16	Well UMAT 300/301	.47	
8	8:52	Well UMAT 300/301	.48	
9	7:21	Well UMAT 300/301	.42	
10	7:17	Well UMAT 300/301	.49	
11	8:22	Well UMAT 300/301	.50	
12	7:27	Well UMAT 300/301	.52	
13	9:02	Well UMAT 300/301	.47	
14	8:30	Well UMAT 300/301	.52	
15	8:42	Well UMAT 300/301	.47	
16	9:01	Well UMAT 300/301	.47	
17	9:15	Well UMAT 300/301	.52	
18	9:02	Well UMAT 300/301	.39	- Adjust Lev ^o
19	9:15	Well UMAT 300/301	.79	
20	8:27	Well UMAT 300/301	.82	
21	8:43	Well UMAT 300/301	.89	
22	9:02	Well UMAT 300/301	.91	
23	8:13	Well UMAT 300/301	.92	
24	7:45	Well UMAT 300/301	.93	
25	7:52	Well UMAT 300/301	.90	
26	8:02	Well UMAT 300/301	.87	
27	9:15	Well UMAT 300/301	.85	
28	8:40	Well UMAT 300/301	.87	
29	9:00	Well UMAT 300/301	.88	
30	8:15	Well UMAT 300/301	.84	
31	9:02	Well UMAT 300/301	.79	

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>
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Printed Name: **Chris Stoops**

Title: **Clubhouse Manager**

Signature: 

Phone #: **(541) 443-8874**

Date: **10/31/2001**

Operator Certification #: **n/a**

Small Groundwater System