

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

System Name  Birch Creek Golf Course

PWS ID# 4190240


Month/Year 12 / 2021 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	8:34	Well UMAT 300/301	.76	
2	9:02	Well UMAT 300/301	.75	
3	8:15	Well UMAT 300/301	.67	
4	9:03	Well UMAT 300/301	.72	
5	8:12	Well UMAT 300/301	.75	
6	8:45	Well UMAT 300/301	.68	
7	7:45	Well UMAT 300/301	.71	
8	8:02	Well UMAT 300/301	.70	
9	7:47	Well UMAT 300/301	.75	
10	8:15	Well UMAT 300/301	.82	
11	9:02	Well UMAT 300/301	.87	
12	7:45	Well UMAT 300/301	.92	
13	8:15	Well UMAT 300/301	.87	
14	7:02	Well UMAT 300/301	.85	
15	7:47	Well UMAT 300/301	.88	
16	8:52	Well UMAT 300/301	.82	
17	9:11	Well UMAT 300/301	.78	
18	7:29	Well UMAT 300/301	.81	
19	7:07	Well UMAT 300/301	.84	
20	8:15	Well UMAT 300/301	.75	
21	9:02	Well UMAT 300/301	.77	
22	7:45	Well UMAT 300/301	.88	
23	8:11	Well UMAT 300/301	.73	
24	7:42	Well UMAT 300/301	.75	
25	7:57	Well UMAT 300/301	.82	
26	8:15	Well UMAT 300/301	.87	
27	7:52	Well UMAT 300/301	.86	
28	9:07	Well UMAT 300/301	.92	
29	8:27	Well UMAT 300/301	.91	
30	8:03	Well UMAT 300/301	.89	
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><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 Operator Certification #: n/a  
 Signature:  Phone #: (541) 443-8874  
 Date: 11/30/2021 Small Groundwater System