

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **12/21**

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	8:15	Well UMAT 300/301	.99	
2	7:45	Well UMAT 300/301	.87	
3	8:21	Well UMAT 300/301	.92	
4	7:29	Well UMAT 300/301	.91	
5	8:15	Well UMAT 300/301	1.01	
6	7:47	Well UMAT 300/301	.93	
7	8:11	Well UMAT 300/301	.89	
8	7:45	Well UMAT 300/301	.92	
9	8:45	Well UMAT 300/301	1.01	
10	8:12	Well UMAT 300/301	.97	
11	8:15	Well UMAT 300/301	.87	
12	7:45	Well UMAT 300/301	.92	
13	7:10	Well UMAT 300/301	.93	
14	7:29	Well UMAT 300/301	.94	
15	7:35	Well UMAT 300/301	.72	
16	7:55	Well UMAT 300/301	.51	
17	7:40	Well UMAT 300/301	.49	
18	8:45	Well UMAT 300/301	.45	
19	8:25	Well UMAT 300/301	.53	
20	7:58	Well UMAT 300/301	.47	
21	8:30	Well UMAT 300/301	.49	
22	8:55	Well UMAT 300/301	.53	
23	8:47	Well UMAT 300/301	.50	
24	8:23	Well UMAT 300/301	.54	
25	—	Well UMAT 300/301	Closed	Closed
26	—	Well UMAT 300/301	Closed	—
27	—	Well UMAT 300/301	—	Closed
28	—	Well UMAT 300/301	—	Closed
29	9:07	Well UMAT 300/301	1.79	
30	9:40	Well UMAT 300/301	2.10	
31	9:02	Well UMAT 300/301	.76	Adjuster

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>

Printed Name: **Chris Stoops**

Title: **Clubhouse Manager**

Signature: *[Signature]*

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

Date: **12/21/21**

Operator Certification #: n/a

OR

Small Groundwater System