

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 1/22 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	9:27	Well UMAT 300/301	1.17	
2	10:15	Well UMAT 300/301	1.20	
3	9:30	Well UMAT 300/301	1.36	
4	9:15	Well UMAT 300/301	1.60	
5	9:20	Well UMAT 300/301	1.56	
6	9:03	Well UMAT 300/301	1.39	
7	8:25	Well UMAT 300/301	1.28	
8	8:40	Well UMAT 300/301	1.46	
9	8:37	Well UMAT 300/301	1.79	
10	8:52	Well UMAT 300/301	1.74	
11	10:27	Well UMAT 300/301	1.79	
12	9:33	Well UMAT 300/301	1.68	
13	9:03	Well UMAT 300/301	1.77	
14	9:45	Well UMAT 300/301	1.76	
15	8:17	Well UMAT 300/301	.80	
16	8:05	Well UMAT 300/301	.78	
17	9:22	Well UMAT 300/301	.77	
18	9:30	Well UMAT 300/301	.76	
19	8:14	Well UMAT 300/301	.84	
20	8:03	Well UMAT 300/301	.75	
21	9:26	Well UMAT 300/301	.70	
22	9:15	Well UMAT 300/301	.73	
23	9:02	Well UMAT 300/301	.70	
24	8:51	Well UMAT 300/301	.67	
25	9:18	Well UMAT 300/301	1.33	
26	9:35	Well UMAT 300/301	1.01	
27	9:03	Well UMAT 300/301	1.07	
28	8:37	Well UMAT 300/301	.98	
29	9:13	Well UMAT 300/301	1.05	
30	8:46	Well UMAT 300/301	.91	
31	9:10	Well UMAT 300/301	.91	

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>
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Printed Name: Chris Stoops Signature:  Date: 2/11/22	Title: Clubhouse Manager Phone #: (541) 443-8874	Operator Certification #: n/a OR Small Groundwater System <input type="checkbox"/>
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