

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 02/22 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	8:30	Well UMAT 300/301	.71	
2	8:40	Well UMAT 300/301	.89	
3	8:35	Well UMAT 300/301	1.13	
4	8:53	Well UMAT 300/301	.54	
5	8:24	Well UMAT 300/301	.67	
6	8:46	Well UMAT 300/301	1.04	
7	8:32	Well UMAT 300/301	.93	
8	9:00	Well UMAT 300/301	.79	
9	8:37	Well UMAT 300/301	.86	
10	8:32	Well UMAT 300/301	.63	
11	8:58	Well UMAT 300/301	.92	
12	9:12	Well UMAT 300/301	2.2	
13	8:06	Well UMAT 300/301	1.35	
14	8:47	Well UMAT 300/301	1.2	added 10gal water
15	9:03	Well UMAT 300/301	2.37	
16	8:22	Well UMAT 300/301	2.39	
17	9:17	Well UMAT 300/301	1.5	
18	9:30	Well UMAT 300/301	1.68	
19	9:32	Well UMAT 300/301	1.10	
20	9:04	Well UMAT 300/301	1.28	
21	8:37	Well UMAT 300/301	1.17	
22	8:30	Well UMAT 300/301	1.04	
23	8:40	Well UMAT 300/301	.70	
24	9:15	Well UMAT 300/301	.97	
25	9:20	Well UMAT 300/301	1.24	
26	8:47	Well UMAT 300/301	1.07	
27	9:13	Well UMAT 300/301	.93	
28	9:04	Well UMAT 300/301	1.03	
29		Well UMAT 300/301		
30		Well UMAT 300/301		
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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to 0.3 mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Attach grab sample results and submit them with this form.

Printed Name: Chris Steops *Kyle Martinez* Title: Clubhouse Manager  
 Signature: *[Signature]* Phone #: (541) 443-8874  
 Date: 02/28/2022

Operator Certification #: n/a  
 OR  
 Small Groundwater System