

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

System Name Birch Creek Golf Course

PWS ID# 4190240


Month/Year 5 / 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	8:47	Well UMAT 300/301	2.19	
2	10:03	Well UMAT 300/301	2.19	
3	9:30	Well UMAT 300/301	2.14	
4	8:27	Well UMAT 300/301	2.24	
5	9:17	Well UMAT 300/301	2.07	
6	10:39	Well UMAT 300/301	2.01	
7	9:11	Well UMAT 300/301	2.08	
8	10:08	Well UMAT 300/301	2.11	
9	9:24	Well UMAT 300/301	2.15	
10	9:32	Well UMAT 300/301	2.09	
11	10:00	Well UMAT 300/301	2.00	
12	9:41	Well UMAT 300/301	1.87	
13	8:26	Well UMAT 300/301	1.90	
14	8:40	Well UMAT 300/301	1.82	
15	9:09	Well UMAT 300/301	1.70	
16	10:30	Well UMAT 300/301	1.50	
17	9:05	Well UMAT 300/301	1.10	
18	9:32	Well UMAT 300/301	1.20	
19	8:40	Well UMAT 300/301	.96	
20	8:03	Well UMAT 300/301	.86	
21	9:27	Well UMAT 300/301	.90	
22	8:47	Well UMAT 300/301	.82	
23	10:07	Well UMAT 300/301	.84	
24	9:19	Well UMAT 300/301	.95	
25	9:27	Well UMAT 300/301	.80	
26	10:03	Well UMAT 300/301	.72	
27	10:14	Well UMAT 300/301	.70	
28	8:27	Well UMAT 300/301	.64	
29	8:30	Well UMAT 300/301	.59	
30	9:01	Well UMAT 300/301	.42	
31	8:17	Well UMAT 300/301	.35	added chlorine

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 Steops Title: Clubhouse Manager Operator Certification #: n/a  
 Signature:  Phone #: (541) 443-8874  
 Date: 06/11/2022 Small Groundwater System