

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 06/22 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	6/1	Well UMAT 300/301	.49	
2	6/2	Well UMAT 300/301	.67	
3	6/3	Well UMAT 300/301	1.1	
4	8:38	Well UMAT 300/301	1.32	
5	7:51	Well UMAT 300/301	1.08	
6	7:43	Well UMAT 300/301	1.43	
7	9:02	Well UMAT 300/301	1.36	
8	6:38	Well UMAT 300/301	.78	
9	7:37	Well UMAT 300/301	.93	
10	8:18	Well UMAT 300/301	.46	
11	8:29	Well UMAT 300/301	1.37	
12	8:37	Well UMAT 300/301	1.49	
13	9:21	Well UMAT 300/301	1.57	
14	6:43	Well UMAT 300/301	1.62	
15	7:03	Well UMAT 300/301	1.39	
16	8:41	Well UMAT 300/301	1.4	
17	8:22	Well UMAT 300/301	1.93	
18	7:25	Well UMAT 300/301	1.68	
19	6:30	Well UMAT 300/301	1.62	
20	8:08	Well UMAT 300/301	1.85	
21	6:43	Well UMAT 300/301	1.7	
22	9:05	Well UMAT 300/301	.99	
23	9:00	Well UMAT 300/301	.83	
24	8:50	Well UMAT 300/301	.46	
25	8:43	Well UMAT 300/301	.39	
26	7:37	Well UMAT 300/301	1.9	Added chlorine
27	6:51	Well UMAT 300/301	1.92	
28	6:38	Well UMAT 300/301	2.1	
29	7:07	Well UMAT 300/301	2.22	
30	6:48	Well UMAT 300/301	2.39	
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  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Chris Stoops

Title: Clubhouse Manager

Operator Certification #: n/a

Signature: 

Phone #: (541) 443-8874

OR

Date: 07/05/2022

Small Groundwater System