

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

System Name Birch Creek Golf Course

PWS ID# 4190240

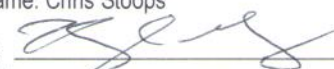
Month/Year 07 / 22 Entry Point: EP-A for well

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	7:41	Well UMAT 300/301	.98	
2	7:50	Well UMAT 300/301	1.08	
3	8:21	Well UMAT 300/301	1.13	
4	8:32	Well UMAT 300/301	.65	
5	7:00	Well UMAT 300/301	.46	
6	7:36	Well UMAT 300/301	.92	
7	7:51	Well UMAT 300/301	.87	
8	10:06	Well UMAT 300/301	.69	
9	6:52	Well UMAT 300/301	.75	
10	7:29	Well UMAT 300/301	.89	
11	7:00	Well UMAT 300/301	.76	
12	7:03	Well UMAT 300/301	2.32	
13	6:52	Well UMAT 300/301	2.18	
14	10:14	Well UMAT 300/301	1.99	
15	7:32	Well UMAT 300/301	1.93	
16	8:26	Well UMAT 300/301	2.02	
17	9:13	Well UMAT 300/301	2.04	
18	9:29	Well UMAT 300/301	1.86	
19	8:42	Well UMAT 300/301	1.92	
20	8:36	Well UMAT 300/301	1.37	
21	8:14	Well UMAT 300/301	1.43	
22	7:03	Well UMAT 300/301	1.33	
23	6:23	Well UMAT 300/301	.98	
24	6:47	Well UMAT 300/301	.90	
25	6:00	Well UMAT 300/301	1.12	
26	6:09	Well UMAT 300/301	1.1	
27	6:17	Well UMAT 300/301	.97	
28	6:01	Well UMAT 300/301	.93	
29	6:13	Well UMAT 300/301	1.03	
30	6:44	Well UMAT 300/301	1.32	
31	6:30	Well UMAT 300/301	1.29	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: Chris Stoops	Title: Clubhouse Manager	Operator Certification #. n/a OR Small Groundwater System <input type="checkbox"/>
Signature: 	Phone #: (541) 443-8874	
Date: 08/02/2022		