

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 08 / 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	8:06	Well UMAT 300/301	1.28	
2	6:43	Well UMAT 300/301	1.19	
3	6:02	Well UMAT 300/301	1.33	
4	6:17	Well UMAT 300/301	1.43	
5	7:33	Well UMAT 300/301	1.21	
6	7:07	Well UMAT 300/301	1.63	
7	8:10	Well UMAT 300/301	.97	
8	6:43	Well UMAT 300/301	1.11	
9	6:19	Well UMAT 300/301	1.36	
10	7:13	Well UMAT 300/301	1.77	
11	7:00	Well UMAT 300/301	1.41	
12	6:12	Well UMAT 300/301	.99	
13	6:02	Well UMAT 300/301	1.03	
14	6:29	Well UMAT 300/301	1.17	
15	7:00	Well UMAT 300/301	1.29	
16	7:09	Well UMAT 300/301	.86	
17	6:53	Well UMAT 300/301	.89	
18	6:37	Well UMAT 300/301	1.13	
19	7:21	Well UMAT 300/301	1.01	
20	8:10	Well UMAT 300/301	.79	
21	8:00	Well UMAT 300/301	.62	
22	7:03	Well UMAT 300/301	.58	
23	7:56	Well UMAT 300/301	.56	
24	6:43	Well UMAT 300/301	.59	
25	6:07	Well UMAT 300/301	.67	
26	7:00	Well UMAT 300/301	.49	
27	7:00	Well UMAT 300/301	.61	
28	7:15	Well UMAT 300/301	.53	
29	6:45	Well UMAT 300/301	.59	
30	8:03	Well UMAT 300/301	.67	
31	7:30	Well UMAT 300/301	.57	

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>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Printed Name: <u>Chris Stoops</u> Signature: <u>[Signature]</u> Date: <u>09/01/2022</u>	Title: Clubhouse Manager Phone #: (541) 443-8874	Operator Certification #: <u>n/a</u> OR Small Groundwater System <input type="checkbox"/>
-----------------------------------------------------------------------------------------------	-----------------------------------------------------	-------------------------------------------------------------------------------------------------