

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 09/22 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	9:03	Well UMAT 300/301	1.1	
2	8:17	Well UMAT 300/301	1.23	
3	7:06	Well UMAT 300/301	1.17	
4	7:00	Well UMAT 300/301	1.1	
5	8:32	Well UMAT 300/301	1.08	
6	8:04	Well UMAT 300/301	1.17	
7	7:36	Well UMAT 300/301	1.26	
8	7:30	Well UMAT 300/301	1.33	
9	7:00	Well UMAT 300/301	1.03	
10	7:00	Well UMAT 300/301	.97	
11	7:09	Well UMAT 300/301	.95	
12	7:16	Well UMAT 300/301	.63	
13	8:00	Well UMAT 300/301	.78	
14	8:10	Well UMAT 300/301	.92	
15	4:36	Well UMAT 300/301	1.13	
16	8:04	Well UMAT 300/301	.98	
17	8:30	Well UMAT 300/301	1.05	
18	9:00	Well UMAT 300/301	1.00	
19	7:30	Well UMAT 300/301	.86	
20	7:43	Well UMAT 300/301	.93	
21	8:03	Well UMAT 300/301	1.11	
22	7:16	Well UMAT 300/301	.74	
23	6:57	Well UMAT 300/301	.69	
24	7:07	Well UMAT 300/301	.71	
25	9:16	Well UMAT 300/301	1.01	
26	7:43	Well UMAT 300/301	.87	
27	8:36	Well UMAT 300/301	.98	
28	8:50	Well UMAT 300/301	1.07	
29	9:08	Well UMAT 300/301	.99	
30	9:54	Well UMAT 300/301	1.13	
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.

<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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Chris Stoops

Title: Clubhouse Manager

Operator Certification #: n/a

Signature: 

Phone #: (541) 443-8874

OR

Date: 10/18/22

Small Groundwater System