

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 12 1 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	7:03	Well UMAT 300/301	1.54	
2	8:00	Well UMAT 300/301	1.62	
3	8:00	Well UMAT 300/301	1.43	
4	8:30	Well UMAT 300/301	1.50	
5	9:15	Well UMAT 300/301	1.72	
6	7:07	Well UMAT 300/301	1.49	
7	7:15	Well UMAT 300/301	1.36	
8	7:06	Well UMAT 300/301	1.33	
9	7:00	Well UMAT 300/301	1.36	
10	8:30	Well UMAT 300/301	1.32	
11	9:00	Well UMAT 300/301	1.30	
12	7:00	Well UMAT 300/301	1.29	
13	8:00	Well UMAT 300/301	1.18	
14	9:23	Well UMAT 300/301	1.26	
15	8:03	Well UMAT 300/301	1.23	
16	7:16	Well UMAT 300/301	1.11	
17	8:42	Well UMAT 300/301	1.07	
18	7:51	Well UMAT 300/301	1.14	
19	9:43	Well UMAT 300/301	.97	
20	6:52	Well UMAT 300/301	1.03	
21	7:30	Well UMAT 300/301	.96	
22	9:16	Well UMAT 300/301	.90	
23		Well UMAT 300/301	—	Well System Froze
24		Well UMAT 300/301	—	
25		Well UMAT 300/301	—	Closed
26	8:00	Well UMAT 300/301	.83	
27	8:10	Well UMAT 300/301	.82	
28	7:54	Well UMAT 300/301	.76	
29	8:03	Well UMAT 300/301	.91	
30	8:00	Well UMAT 300/301	.82	
31	8:00	Well UMAT 300/301	.93	

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>
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Printed Name: Chris Stoops

Title: Clubhouse Manager

Operator Certification #: n/a

Signature: 

Phone #: (541) 443-8874

OR

Date: 01/10/21/22

Small Groundwater System