

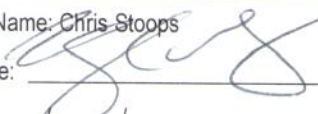
State of Oregon Drinking Water Services
Monthly Disinfection Report for Ground Water Systems

System Name Birch Creek Golf Course PWS ID# 4190240
 Month/Year 02 / 23 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	6:48:00	Well UMAT 300/301	1.64	
2	7:00	Well UMAT 300/301	1.83	
3	7:16	Well UMAT 300/301	1.77	
4	8:03	Well UMAT 300/301	1.63	
5	9:00	Well UMAT 300/301	1.69	
6	8:26	Well UMAT 300/301	1.7	
7	8:00	Well UMAT 300/301	1.72	
8	8:05	Well UMAT 300/301	1.68	
9	8:12	Well UMAT 300/301	1.59	
10	8:42	Well UMAT 300/301	1.65	
11	8:05	Well UMAT 300/301	1.6	
12	9:07	Well UMAT 300/301	1.73	
13	9:51	Well UMAT 300/301	1.49	
14	9:37	Well UMAT 300/301	1.42	
15	8:52	Well UMAT 300/301	1.46	
16	9:00	Well UMAT 300/301	1.5	
17	9:00	Well UMAT 300/301	1.41	
18	9:00	Well UMAT 300/301	1.36	
19	8:04	Well UMAT 300/301	1.29	
20	7:53	Well UMAT 300/301	1.23	
21	10:00	Well UMAT 300/301	1.2	
22	9:26	Well UMAT 300/301	1.33	
23	8:43	Well UMAT 300/301	1.16	
24	12:04	Well UMAT 300/301	1.13	
25	9:52	Well UMAT 300/301	1.12	
26	8:46	Well UMAT 300/301	1.06	
27	8:53	Well UMAT 300/301	1.1	
28	9:04	Well UMAT 300/301	0.97	low water/chlorine mix Added 10gal water 1/2 gal chlorine
29		Well UMAT 300/301		
30		Well UMAT 300/301		
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>

Printed Name: Chris Stoops Title: Clubhouse Manager Operator Certification #: n/a
 Signature:  Phone #: (541) 443-8874 OR
 Date: 02/01/23 Small Groundwater System