

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 03 / 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	9:00	Well UMAT 300/301	2.16	
2	9:00	Well UMAT 300/301	2.31	
3	9:00	Well UMAT 300/301	2.25	
4	9:11	Well UMAT 300/301	1.97	
5	9:23	Well UMAT 300/301	2.08	
6	9:00	Well UMAT 300/301	2.11	
7	9:00	Well UMAT 300/301	2.03	
8	9:00	Well UMAT 300/301	2	
9	9:00	Well UMAT 300/301	1.93	
10	10:03	Well UMAT 300/301	1.89	
11	8:51	Well UMAT 300/301	1.9	
12	9:00	Well UMAT 300/301	1.85	
13	9:00	Well UMAT 300/301	1.99	
14	8:45	Well UMAT 300/301	1.89	
15	9:30	Well UMAT 300/301	1.8	
16	10:46	Well UMAT 300/301	1.86	let water run all night to try to get level down
17	9:03	Well UMAT 300/301	1.79	
18	8:50	Well UMAT 300/301	1.73	
19	9:00	Well UMAT 300/301	1.77	
20	9:42	Well UMAT 300/301	1.72	
21	8:07	Well UMAT 300/301	1.63	
22	8:00	Well UMAT 300/301	1.72	
23	9:00	Well UMAT 300/301	1.69	
24	9:15	Well UMAT 300/301	1.55	
25	9:30	Well UMAT 300/301	1.71	
26	10:01	Well UMAT 300/301	1.63	
27	8:53	Well UMAT 300/301	1.61	
28	9:00	Well UMAT 300/301	1.58	
29	8:42	Well UMAT 300/301	1.53	
30	9:00	Well UMAT 300/301	1.5	
31	9:17	Well UMAT 300/301	1.61	

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to 0.3 mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Chris Stoops

Signature: 

Date: 1 / 1

Title: Clubhouse Manager

Phone #: (541) 443-8874

Operator Certification #: n/a

OR

Small Groundwater System