

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year Oct 12023 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	8:32	Well UMAT 300/301	1.13	
2	2:15	Well UMAT 300/301	1.04	
3	3:00	Well UMAT 300/301	1.10	
4	12:45	Well UMAT 300/301	1.02	
5		Well UMAT 300/301		test tubes broke re ordered, waiting on shipping
6		Well UMAT 300/301		
7		Well UMAT 300/301		
8		Well UMAT 300/301		
9		Well UMAT 300/301		
10		Well UMAT 300/301		
11		Well UMAT 300/301		
12		Well UMAT 300/301		
13		Well UMAT 300/301		
14		Well UMAT 300/301		
15		Well UMAT 300/301		
16		Well UMAT 300/301		
17		Well UMAT 300/301		
18		Well UMAT 300/301		
19		Well UMAT 300/301		
20		Well UMAT 300/301		
21		Well UMAT 300/301		
22		Well UMAT 300/301		
23		Well UMAT 300/301		
24		Well UMAT 300/301		
25		Well UMAT 300/301		
26		Well UMAT 300/301		
27	11:30	Well UMAT 300/301	1.76	
28	2:35	Well UMAT 300/301	1.80	
29	1:30	Well UMAT 300/301	1.72	
30	8:30	Well UMAT 300/301	0.93	
31	12:00	Well UMAT 300/301	1.57	

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.

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: / /

Title: Clubhouse Manager
Phone #: (541) 443-8874

Operator Certification #: n/a
OR
Small Groundwater System