

**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 / 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	N/A	Well UMAT 300/301	N/A	Ran out of Free Chlorine reagent the first week ↓
2		Well UMAT 300/301		
3		Well UMAT 300/301		
4		Well UMAT 300/301		
5		Well UMAT 300/301		
6		Well UMAT 300/301		
7		Well UMAT 300/301		
8	11:40	Well UMAT 300/301	.34	
9	9:30	Well UMAT 300/301	.36	
10	7:30	Well UMAT 300/301	.30	
11	10:12	Well UMAT 300/301	.92	
12	9:45	Well UMAT 300/301	.43	
13	12:00	Well UMAT 300/301	.82	
14	9:45	Well UMAT 300/301	.75	
15	1:00	Well UMAT 300/301	.63	
16	4:00	Well UMAT 300/301	.88	
17	10:45	Well UMAT 300/301	.70	
18	2:20	Well UMAT 300/301	.69	
19	9:00	Well UMAT 300/301	.92	
20	3:00	Well UMAT 300/301	.45	
21	11:15	Well UMAT 300/301	.55	
22	12:00	Well UMAT 300/301	.43	
23	8:00	Well UMAT 300/301	.33	
24	10:00	Well UMAT 300/301	.44	
25	N/A	Well UMAT 300/301	N/A	
26	9:30	Well UMAT 300/301	1.72	
27	9:30	Well UMAT 300/301	1.57	
28	11:00	Well UMAT 300/301	.63	
29	9:30	Well UMAT 300/301	.39	
30	7:05	Well UMAT 300/301	1.34	
31	7:10	Well UMAT 300/301	.38	

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  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Chris Stoops

Title: Clubhouse Manager

Signature: John Katchmar

Phone #: (541) 443-8874

Date: 12/31/23

Operator Certification #: n/a

Small Groundwater System