

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **1 / 24** 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		Well UMAT 300/301		
2		Well UMAT 300/301		
3	9:05	Well UMAT 300/301	.55	
4	7:45	Well UMAT 300/301	.33	
5	10:45	Well UMAT 300/301	.79	
6	7:50	Well UMAT 300/301	.46	
7	11:05	Well UMAT 300/301	.54	
8		Well UMAT 300/301		
9		Well UMAT 300/301		
10	8:50	Well UMAT 300/301	.39	
11	9:10	Well UMAT 300/301	.63	
12	11:00	Well UMAT 300/301	1.17	
13		Well UMAT 300/301		
14		Well UMAT 300/301		
15	11:00	Well UMAT 300/301	2.25	
16		Well UMAT 300/301		
17		Well UMAT 300/301		
18		Well UMAT 300/301		
19		Well UMAT 300/301		Closed ↓
20		Well UMAT 300/301		
21		Well UMAT 300/301		
22		Well UMAT 300/301		
23	11:35	Well UMAT 300/301	.75	
24	1:20	Well UMAT 300/301	.71	
25	11:00	Well UMAT 300/301	1.29	
26	1:38	Well UMAT 300/301	1.62	
27		Well UMAT 300/301	1.62	
28		Well UMAT 300/301		
29	10:30	Well UMAT 300/301	1.99	
30	10:30	Well UMAT 300/301	1.96	
31	10:51	Well UMAT 300/301	.52	

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: **John W. Johnson**

Title: **Maintenance**

Operator Certification #: **n/a**

Signature: *[Signature]*

Phone #: **(541) 966-1883**

Date: **2 / 1 / 24**

Small Groundwater System