

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 2 / 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	1:20	Well UMAT 300/301	1.23	
2	10:20	Well UMAT 300/301	.83	
3	8:45	Well UMAT 300/301	1.48	
4	9:05	Well UMAT 300/301		No read, Hanna wasn't working
5	8:57	Well UMAT 300/301	1.27	
6	10:00	Well UMAT 300/301	.74	
7	9:05	Well UMAT 300/301	1.77	
8	10:00	Well UMAT 300/301	1.74	
9	4:20	Well UMAT 300/301	.98	
10	8:15	Well UMAT 300/301	.89	
11	7:45	Well UMAT 300/301	1.03	
12	1:50	Well UMAT 300/301	.41	
13	12:30	Well UMAT 300/301	.56	
14	2:00	Well UMAT 300/301	2.44	
15	11:13	Well UMAT 300/301	1.47	
16	1:30	Well UMAT 300/301	1.07	
17	7:45	Well UMAT 300/301	0.93	
18	7:45	Well UMAT 300/301	1.29	
19	9:30	Well UMAT 300/301	1.97	
20	9:45	Well UMAT 300/301	.99	
21	1:25	Well UMAT 300/301	.4	
22	9:51	Well UMAT 300/301	.7	
23	9:45	Well UMAT 300/301	1.43	
24	9:47	Well UMAT 300/301	.95	
25	9:20	Well UMAT 300/301	.7	
26	7:40	Well UMAT 300/301	.64	
27	8:47	Well UMAT 300/301	.79	
28	8:40	Well UMAT 300/301	.37	
29	12:55	Well UMAT 300/301	1.35	
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: Haylea Fetterhoff Title: Clubhouse Manager Operator Certification #: n/a  
 Signature: H Fetterhoff F574 Phone #: (541) 966-1883  
 Date: 2 / 29 / 24

Small Groundwater System