

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **3 / 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	10:00	Well UMAT 300/301	1.59	
2	9:35	Well UMAT 300/301	.67	
3	9:32	Well UMAT 300/301	.52	
4	9:25	Well UMAT 300/301	.35	
5	8:57	Well UMAT 300/301	.38	
6	9:05	Well UMAT 300/301	.36	
7	12:50	Well UMAT 300/301	.88	
8	9:35	Well UMAT 300/301	.81	
9	12:35	Well UMAT 300/301	.40	
10	9:30	Well UMAT 300/301	.8	
11	8:50	Well UMAT 300/301	1.11	
12	8:53	Well UMAT 300/301	1.14	
13	9:32	Well UMAT 300/301	1.12	
14	10:57	Well UMAT 300/301	1.4	
15	5:00	Well UMAT 300/301	1.23	
16	8:37	Well UMAT 300/301	1.13	
17	9:39	Well UMAT 300/301	1.22	
18	9:51	Well UMAT 300/301	1.14	
19	11:55	Well UMAT 300/301	1.47	
20	8:51	Well UMAT 300/301	.9	
21	9:47	Well UMAT 300/301	.83	
22	9:31	Well UMAT 300/301	.87	
23	11:24	Well UMAT 300/301	.71	
24	8:50	Well UMAT 300/301	.96	
25	9:07	Well UMAT 300/301	.85	
26	11:02	Well UMAT 300/301	.61	
27	8:37	Well UMAT 300/301	.72	
28	9:47	Well UMAT 300/301	.83	
29	10:09	Well UMAT 300/301	1.15	
30	10:50	Well UMAT 300/301	1.09	
31	9:47	Well UMAT 300/301	.91	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>
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Printed Name: Haylea Fetterhoff Title: Clubhouse Manager Operator Certification #: n/a
 Signature: [Signature] Phone #: (541) 966-1883
 Date: 4 / 11 / 24 Small Groundwater System