

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 5 / 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	11:17	Well UMAT 300/301	.91	
2	11:25	Well UMAT 300/301	.38	
3	9:39	Well UMAT 300/301	.58	
4	12:57	Well UMAT 300/301	.33	
5	9:33	Well UMAT 300/301	1.08	
6	12:42	Well UMAT 300/301	1.70	
7	11:21	Well UMAT 300/301	1.21	
8	12:15	Well UMAT 300/301	.48	
9	9:07	Well UMAT 300/301	.71	
10	2:20	Well UMAT 300/301	1.12	
11	11:01	Well UMAT 300/301	1.06	
12	9:37	Well UMAT 300/301	.79	
13	1:29	Well UMAT 300/301	.52	
14	9:20	Well UMAT 300/301	1.19	
15	10:40	Well UMAT 300/301	.31	
16	5:34	Well UMAT 300/301	.44	
17	11:18	Well UMAT 300/301	.39	
18	8:11	Well UMAT 300/301	.89	
19	9:19	Well UMAT 300/301	.92	
20	2:41	Well UMAT 300/301	.61	
21	10:30	Well UMAT 300/301	.3	
22	7:37	Well UMAT 300/301	.40	
23	10:20	Well UMAT 300/301	1.76	
24	3:15	Well UMAT 300/301	.52	
25	8:36	Well UMAT 300/301	1.16	
26	1:11	Well UMAT 300/301	.94	
27	10:07	Well UMAT 300/301	.89	
28	1:04	Well UMAT 300/301	1.26	
29	8:11	Well UMAT 300/301	.50	
30	9:37	Well UMAT 300/301	.71	
31	10:02	Well UMAT 300/301	.63	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
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Printed Name: Haylea Fetterhoff Title: Clubhouse Manager Operator Certification #: n/a
 Signature: H Fetterhoff F574 Phone #: (541) 966-1883
 Date: 6/1/24 OR Small Groundwater System