

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **7 / 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	11:11	Well UMAT 300/301	1.04	
2	9:02	Well UMAT 300/301	.8	
3	3:35	Well UMAT 300/301	.46	
4	7:35	Well UMAT 300/301	1.22	
5	9:20	Well UMAT 300/301	1.03	
6	8:34	Well UMAT 300/301	1.40	
7	12:00	Well UMAT 300/301	1.38	
8	2:06	Well UMAT 300/301	1.33	
9	11:20	Well UMAT 300/301	1.25	
10	2:52	Well UMAT 300/301	1.82	
11	2:04	Well UMAT 300/301	1.42	
12	3:20	Well UMAT 300/301	1.47	
13	11:10	Well UMAT 300/301	1.31	
14	1:15	Well UMAT 300/301	1.8	
15	12:06	Well UMAT 300/301	1.95	
16	10:22	Well UMAT 300/301	1.34	
17	1:40	Well UMAT 300/301	.95	
18	2:56	Well UMAT 300/301	1.7	
19	11:02	Well UMAT 300/301	1.85	
20	8:06	Well UMAT 300/301	1.82	
21	8:08	Well UMAT 300/301	1.9	
22	2:02	Well UMAT 300/301	.53	
23	4:45	Well UMAT 300/301	1.14	
24	12:00	Well UMAT 300/301	.62	
25	9:50	Well UMAT 300/301	.32	
26	1:30	Well UMAT 300/301	.5	
27	8:14	Well UMAT 300/301	.41	
28	9:12	Well UMAT 300/301	.68	
29	12:43	Well UMAT 300/301	.73	
30	3:52	Well UMAT 300/301	.63	
31	6:25	Well UMAT 300/301	.34	

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>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: **Hanka Fetterhoff**

Title: **Clubhouse Manager**

Signature: H Fetterhoff

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

Date: **8 / 1 / 24**

Operator Certification #: **n/a**

Small Groundwater System