

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **8 / 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    | 5:50  | Well UMAT 300/301 | 1.26   |       |
| 2    | 3:20  | Well UMAT 300/301 | 2.50   |       |
| 3    | 6:00  | Well UMAT 300/301 | 1.89   |       |
| 4    | 3:21  | Well UMAT 300/301 | 2.50   |       |
| 5    | 8:55  | Well UMAT 300/301 | 2.50   |       |
| 6    | 9:10  | Well UMAT 300/301 | 2.50   |       |
| 7    | 5:54  | Well UMAT 300/301 | 1.92   |       |
| 8    | 3:22  | Well UMAT 300/301 | 1.7  |       |
| 9    | 8:05  | Well UMAT 300/301 | .42  |       |
| 10   | 7:56  | Well UMAT 300/301 | .47  |       |
| 11   | 8:05  | Well UMAT 300/301 | .83  |       |
| 12   | 9:12  | Well UMAT 300/301 | .91  |       |
| 13   | 10:16 | Well UMAT 300/301 | 1.74   |       |
| 14   | 1:14  | Well UMAT 300/301 | 1.68   |       |
| 15   | 1:30  | Well UMAT 300/301 | 1.44   |       |
| 16   | 9:22  | Well UMAT 300/301 | .82  |       |
| 17   | 10:07 | Well UMAT 300/301 | .76  |       |
| 18   | 10:30 | Well UMAT 300/301 | .43  |       |
| 19   | 8:35  | Well UMAT 300/301 | .88  |       |
| 20   | 8:15  | Well UMAT 300/301 | .89  |       |
| 21   | 9:03  | Well UMAT 300/301 | .83  |       |
| 22   | 4:15  | Well UMAT 300/301 | .32  |       |
| 23   | 5:19  | Well UMAT 300/301 | .34  |       |
| 24   | 9:07  | Well UMAT 300/301 | .32  |       |
| 25   | 10:03 | Well UMAT 300/301 | 2.27   |       |
| 26   | 10:51 | Well UMAT 300/301 | 2.14   |       |
| 27   | 11:20 | Well UMAT 300/301 | 1.32   |       |
| 28   | 8:25  | Well UMAT 300/301 | .40  |       |
| 29   | 9:21  | Well UMAT 300/301 | .42  |       |
| 30   | 1:45  | Well UMAT 300/301 | .41  |       |
| 31   | 2:15  | Well UMAT 300/301 | .40  |       |

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: **Haylea Fetterhoff**

Title: **Clubhouse Manager**

Operator Certification #: **n/a**

Signature: **HFetterhoff**

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

OR

Date: **9 / 1 / 2024**

Small Groundwater System