

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

System Name **Birch Creek Golf Course** PWS ID# **4190240**  
 Month/Year **10 / 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	14 48	Well UMAT 300/301	.71	
2	14 05	Well UMAT 300/301	.50	
3	12 12	Well UMAT 300/301	.60	
4	11 15	Well UMAT 300/301	.68	
5		Well UMAT 300/301		
6		Well UMAT 300/301		
7		Well UMAT 300/301		
8	14 32	Well UMAT 300/301	2.50	Holding TANK DRAIN/REFILL
9	9 30	Well UMAT 300/301	1.54	
10	12 35	Well UMAT 300/301	.65	
11	10 45	Well UMAT 300/301	.72	
12	14 35	Well UMAT 300/301	.53	
13	11:15	Well UMAT 300/301	.58	
14	11:56	Well UMAT 300/301	.64	
15	13 20	Well UMAT 300/301	.61	
16	11 51	Well UMAT 300/301	.56	
17	14 35	Well UMAT 300/301	.95	
18	14 51	Well UMAT 300/301	.53	
19	12 43	Well UMAT 300/301	.62	
20	10:14	Well UMAT 300/301	.66	
21	12:15	Well UMAT 300/301	.55	
22	14 10	Well UMAT 300/301	.45	
23	14 53	Well UMAT 300/301	.30	
24	12 21	Well UMAT 300/301	.34	
25	1:20	Well UMAT 300/301	.38	
26	2:45	Well UMAT 300/301	.41	
27	12:56	Well UMAT 300/301	.32	
28	11:44	Well UMAT 300/301	.37	
29	10:00	Well UMAT 300/301	.30	
30	4:56	Well UMAT 300/301	.98	
31	11:58	Well UMAT 300/301	1.05	

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>
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Printed Name: **Haylea Fetterhoff** Title: **Clubhouse Manager** Operator Certification #: **n/a**  
 Signature: **H Fetterhoff F574** Phone #: **(541) 966-1883**  
 Date: **10 / 31 / 24**  OR  Small Groundwater System