

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

System Name **Birch Creek Golf Course**

PWS ID# **4190240**

Month/Year **11 / 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	11:10	Well UMAT 300/301	.31	
2	11:38	Well UMAT 300/301	.31	
3	12:17	Well UMAT 300/301	.38	
4	9:20	Well UMAT 300/301	.52	
5	9:48	Well UMAT 300/301	.45	
6	11:00	Well UMAT 300/301	.65	
7	10:16	Well UMAT 300/301	.68	
8	13:25	Well UMAT 300/301	.51	
9	12:14	Well UMAT 300/301	.34	
10	11:30	Well UMAT 300/301	.33	
11	12:51	Well UMAT 300/301	.32	
12	12:13	Well UMAT 300/301	.47	
13	12:30	Well UMAT 300/301	.41	
14	12:52	Well UMAT 300/301	2.06	
15	11:15	Well UMAT 300/301	2.15	
16	12:07	Well UMAT 300/301	2.50	
17	11:12	Well UMAT 300/301	2.02	
18	11:38	Well UMAT 300/301	1.9	
19	12:15	Well UMAT 300/301	1.75	
20	12:20	Well UMAT 300/301	1.6	
21	11:05	Well UMAT 300/301	1.10	
22	9:42	Well UMAT 300/301	1.04	
23	11:20	Well UMAT 300/301	.92	
24	12:35	Well UMAT 300/301	.96	
25	10:15	Well UMAT 300/301	.98	
26	14:36	Well UMAT 300/301	.94	
27	14:23	Well UMAT 300/301	.84	
28		Well UMAT 300/301		Closed for Thanksgiving
29	13:25	Well UMAT 300/301	.88	
30	11:10	Well UMAT 300/301	.82	
31		Well UMAT 300/301		

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: H Fetterhoff F574 Phone #: (541) 966-1883
 Date: 12 / 4 / 24 OR Small Groundwater System