

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 12 / 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	8:40	Well UMAT 300/301	1.1	
2	12:22	Well UMAT 300/301	1.33	
3	1334	Well UMAT 300/301	1.02	
4	11:05	Well UMAT 300/301	.96	
5	11:10	Well UMAT 300/301	1.07	
6	1403	Well UMAT 300/301	1.01	
7	9:08	Well UMAT 300/301	.92	
8	8:51	Well UMAT 300/301	.84	
9	10:12	Well UMAT 300/301	1.41	
10	1247	Well UMAT 300/301	.85	
11	1210	Well UMAT 300/301	1.32	
12	1130	Well UMAT 300/301	1.45	
13	11:10	Well UMAT 300/301	.82	
14	12:49	Well UMAT 300/301	1.03	
15	4:15	Well UMAT 300/301	.66	
16	3:50	Well UMAT 300/301	.82	
17	3:30	Well UMAT 300/301	1.14	
18	12:10	Well UMAT 300/301	1.81	
19	12:33	Well UMAT 300/301	1.03	
20	11:50	Well UMAT 300/301	1.44	
21	1235	Well UMAT 300/301	1.70	
22	3:05	Well UMAT 300/301	.91	
23	2:51	Well UMAT 300/301	1.34	
24	8:59	Well UMAT 300/301	1.88	
25		Well UMAT 300/301		Closed for Christmas
26	9:04	Well UMAT 300/301	1.22	
27	1110	Well UMAT 300/301	1.02	
28	11:23	Well UMAT 300/301	2.42	
29	2:41	Well UMAT 300/301	1.9	
30	11:16	Well UMAT 300/301	.74	
31	2:06	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.

**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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Haylea Fetterhoff

Title: Clubhouse Manager

Signature: H Fetterhoff

Phone #: (541) 966-1883

Date: 12 / 31 / 24

Operator Certification #: n/a

Small Groundwater System