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

required?	System Name Birch Creek Golf Course PWS ID# 4190240 Month/Year / 7 5 Entry Point: EP-A for well Required Minimum Residual 0.3 mg/L							
	Date	Time	Source(s) in use		residual at entry point to		Notes	
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27 1/:30 Well UMAT 300/301 1.04 28 1/4 Well UMAT 300/301 36 29 3:22 Well UMAT 300/301 1.12 30 12 10 Well UMAT 300/301 1.96 31 10:10 Well UMAT 300/301 1.96 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 notified by end of next business day. GWS Serving 3,300 or Fewer GWS Serving More Than 3,300 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. Date centinuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Haylea Fertech Fertech Title: Club house Manage Operator Certification # plant Plan		A THE RESERVE	The Control of the Co					
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Signature: <u>HF. May Logi</u> Phone #: (541) 966-1883	Thintod Harris							
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Date: 1 / 31 / 25 Small Groundwater System								