

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 02 / 25 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	1055	Well UMAT 300/301	1.64	
2	12:05	Well UMAT 300/301	1.62	
3	11:25	Well UMAT 300/301	1.48	
4	1108	Well UMAT 300/301	1.56	
5	819	Well UMAT 300/301	1.24	
6	1005	Well UMAT 300/301	1.38	
7	944	Well UMAT 300/301	1.14	
8	1004	Well UMAT 300/301	1.62	
9	1310	Well UMAT 300/301	1.42	
10	1145	Well UMAT 300/301	1.36	
11	1317	Well UMAT 300/301	0.91	
12	1215	Well UMAT 300/301	1.35	
13	1120	Well UMAT 300/301	1.42	
14	1405	Well UMAT 300/301	1.08	
15	945	Well UMAT 300/301	1.98	
16	1240	Well UMAT 300/301	1.22	
17	1125	Well UMAT 300/301	1.40	
18	910	Well UMAT 300/301	1.38	
19	925	Well UMAT 300/301	1.42	
20	1011	Well UMAT 300/301	1.47	
21	1110	Well UMAT 300/301	1.56	
22	950	Well UMAT 300/301	1.35	
23	1020	Well UMAT 300/301	1.42	
24	1126	Well UMAT 300/301	1.48	
25	1005	Well UMAT 300/301	1.45	
26	1305	Well UMAT 300/301	1.22	
27	931	Well UMAT 300/301	1.03	
28	1102	Well UMAT 300/301	1.95	
29		Well UMAT 300/301		
30		Well UMAT 300/301		
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.

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

Signature: HF

Date: 3 / 4 / 25

Title: Clubhouse Manager

Phone #: 541-966-1883

Operator Certification #: n/a

Small Groundwater System ☐