

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

System Name Birch Creek Golf Course

PWS ID# 4190240

Month/Year 3 / 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	10:05	Well UMAT 300/301	1.02	
2	11:00	Well UMAT 300/301	1.34	
3	12:15	Well UMAT 300/301	1.1	
4	1:05	Well UMAT 300/301	1.50	
5	11:30	Well UMAT 300/301	.61	
6	12:16	Well UMAT 300/301	1.21	
7	11:40	Well UMAT 300/301	1.91	
8	9:42	Well UMAT 300/301	1.60	
9	10:10	Well UMAT 300/301	1.54	
10	11:20	Well UMAT 300/301	1.66	
11	11:15	Well UMAT 300/301	1.69	
12	11:15	Well UMAT 300/301	1.58	
13	10:25	Well UMAT 300/301	1.50	
14	12:50	Well UMAT 300/301	1.42	
15	10:35	Well UMAT 300/301	2.09	
16	11:00	Well UMAT 300/301	1.92	
17	11:18	Well UMAT 300/301	1.55	
18	12:20	Well UMAT 300/301	.94	
19	9:51	Well UMAT 300/301	.57	
20	10:05	Well UMAT 300/301	.84	
21	9:05	Well UMAT 300/301	1.44	
22	11:15	Well UMAT 300/301	1.50	
23	12:20	Well UMAT 300/301	1.43	
24	12:10	Well UMAT 300/301	1.21	
25	14:15	Well UMAT 300/301	1.98	
26	9:15	Well UMAT 300/301	1.24	
27	12:07	Well UMAT 300/301	1.76	
28	12:15	Well UMAT 300/301	1.44	
29	1:10	Well UMAT 300/301	.65	
30	1:22	Well UMAT 300/301	.72	
31	12:35	Well UMAT 300/301	.51	

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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Services to be

**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: Chris Stoops

Signature: *HF Stoops*

Date: 4 / 1 / 25

Title: Clubhouse Manager

Phone #: (541) 443-8874

541-966-1883

Operator Certification #: n/a

Small Groundwater System ☐