

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

System Name	Birch Creek Golf Course	PWS ID#	41 90240
Month/Year	5 / 25	Entry Point:	EP-A (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	12:35		.53	
2	12:10		.62	
3	12:29		.44	
4	12:52		.39	
5	12:15		.55	
6	1:20		.61	
7	11:34		.72	
8	10:30		.54	
9	10:46		.82	
10	9:54		.98	
11	11:18		1.01	
12	11:51		1.13	
13	11:30		1.04	
14	12:20		1.21	
15	11:19		.56	
16	6:24		.31	
17	1:11		.65	
18	11:33		.94	
19	1:30		.35	
20	2:52		.35	
21	3:10		.67	
22	3:38		.19	
23	3:15		1.12	
24	2:11		1.8	
25	12:12		.78	
26	3:15		.82	
27	3:21		.69	
28	3:18		.71	
29	12:10		.44	
30	12:10		.56	
31	11:35		.62	

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? ☐ Yes ☒ No
 If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program 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 _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
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Printed Name: Haylea Fetterhoff Signature: <u>H Fetterhoff</u> Date: 5 / 31 / 25	Title: Clubhouse Manager Phone #: (541) 966-1883	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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Return by 10th of following month by either email dpw.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.