

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

System Name Birch Creek Golf Course		PWS ID# 4 1 90240	
Month/Year 8 / 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	8:45		.48	
2	9:15		.41	
3	2:10		.52	
4	2:27		.43	
5	11:20		.72	
6	2:27		.83	
7	11:31		.56	
8	4:24		.77	
9	12:10		.76	
10	1:18		.82	
11	9:22		.66	
12	10:16		.42	
13	2:43		.51	
14	3:48		.73	
15	4:20		1.2	
16	2:30		.84	
17	11:00		.52	
18	12:20		.67	
19	9:20		.41	
20	8:10		.83	
21	8:15		.43	
22	9:22		.54	
23	2:37		.49	
24	3:14		.35	
25	10:31		.43	
26	11:18		.32	
27	10:40		.79	
28	12:15		.81	
29	1:45		.64	
30	9:14		.52	
31	8:32		.43	

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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>
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<p>Printed Name: Haylea Fetterhoff</p> <p>Signature: <u>HF</u></p> <p>Date: 8 / 31 / 25</p>	<p>Title: Clubhouse Manager</p> <p>Phone #: (541) 966-1883</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.

August 22, 2019